

107TH CONGRESS
2D SESSION

S. 1533

AMENDMENT

In the House of Representatives, U. S.,

October 16, 2002.

Resolved, That the bill from the Senate (S. 1533) entitled “An Act to amend the Public Health Service Act to reauthorize and strengthen the health centers program and the National Health Service Corps, and to establish the Healthy Communities Access Program, which will help coordinate services for the uninsured and underinsured, and for other purposes”, do pass with the following

AMENDMENT:

Strike out all after the enacting clause and insert:

1 ***SECTION 1. SHORT TITLE; TABLE OF CONTENTS.***

2 (a) *SHORT TITLE.*—*This Act may be cited as the*
3 *“Health Care Safety Net Amendments of 2002”.*

4 (b) *TABLE OF CONTENTS.*—*The table of contents for*
5 *this Act is as follows:*

Sec. 1. Short title; table of contents.

TITLE I—CONSOLIDATED HEALTH CENTER PROGRAM AMENDMENTS

Sec. 101. Health centers.

Sec. 102. Telemedicine; incentive grants regarding coordination among States.

TITLE II—RURAL HEALTH

Subtitle A—Rural Health Care Services Outreach, Rural Health Network Development, and Small Health Care Provider Quality Improvement Grant Programs

Sec. 201. Grant programs.

Subtitle B—Telehealth Grant Consolidation

Sec. 211. Short title.

Sec. 212. Consolidation and reauthorization of provisions.

Subtitle C—Mental Health Services Telehealth Program and Rural Emergency Medical Service Training and Equipment Assistance Program

Sec. 221. Programs.

TITLE III—NATIONAL HEALTH SERVICE CORPS PROGRAM

Sec. 301. National Health Service Corps.

Sec. 302. Designation of health professional shortage areas.

Sec. 303. Assignment of Corps personnel.

Sec. 304. Priorities in assignment of Corps personnel.

Sec. 305. Cost-sharing.

Sec. 306. Eligibility for Federal funds.

Sec. 307. Facilitation of effective provision of Corps services.

Sec. 308. Authorization of appropriations.

Sec. 309. National Health Service Corps Scholarship Program.

Sec. 310. National Health Service Corps Loan Repayment Program.

Sec. 311. Obligated service.

Sec. 312. Private practice.

Sec. 313. Breach of scholarship contract or loan repayment contract.

Sec. 314. Authorization of appropriations.

Sec. 315. Grants to States for loan repayment programs.

Sec. 316. Demonstration grants to States for community scholarship programs.

Sec. 317. Demonstration project.

TITLE IV—HEALTHY COMMUNITIES ACCESS PROGRAM

Sec. 401. Purpose.

Sec. 402. Creation of Healthy Communities Access Program.

Sec. 403. Expanding availability of dental services.

Sec. 404. Study regarding barriers to participation of farmworkers in health programs.

TITLE V—STUDY AND MISCELLANEOUS PROVISIONS

Sec. 501. Guarantee study.

Sec. 502. Graduate medical education.

TITLE VI—CONFORMING AMENDMENTS

Sec. 601. Conforming amendments.

1 **TITLE** **I—CONSOLIDATED**
 2 **HEALTH CENTER PROGRAM**
 3 **AMENDMENTS**

4 **SEC. 101. HEALTH CENTERS.**

5 *Section 330 of the Public Health Service Act (42*
 6 *U.S.C. 254b) is amended—*

7 *(1) in subsection (b)(1)(A)—*

8 *(A) in clause (i)(III)(bb), by striking*
 9 *“screening for breast and cervical cancer” and*
 10 *inserting “appropriate cancer screening”;*

11 *(B) in clause (ii), by inserting “(including*
 12 *specialty referral when medically indicated)”*
 13 *after “medical services”; and*

14 *(C) in clause (iii), by inserting “housing,”*
 15 *after “social,”;*

16 *(2) in subsection (b)(2)—*

17 *(A) in subparagraph (A)(i), by striking*
 18 *“associated with water supply;” and inserting*
 19 *the following: “associated with—*

20 *“(I) water supply;*

21 *“(II) chemical and pesticide expo-*
 22 *sures;*

23 *“(III) air quality; or*

24 *“(IV) exposure to lead;”;*

(B) by redesignating subparagraphs (A) and (B) as subparagraphs (C) and (D), respectively; and

(C) by inserting before subparagraph (C) (as so redesignated by subparagraph (B)) the following:

“(A) behavioral and mental health and substance abuse services;

“(B) recuperative care services;”;

(D) in subparagraph (B)—

(3) in subsection (c)(1)—

(A) in subparagraph (B)—

(i) in the heading, by striking “COMPREHENSIVE SERVICE DELIVERY” and inserting “MANAGED CARE”;

(ii) in the matter preceding clause (i), by striking “network or plan” and all that follows to the period and inserting “managed care network or plan.”; and

(iii) in the matter following clause (ii), by striking “Any such grant may include” and all that follows through the period; and (B) by adding at the end the following:

“(C) PRACTICE MANAGEMENT NETWORKS.—

The Secretary may make grants to health centers

1 *that receive assistance under this section to en-*
 2 *able the centers to plan and develop practice*
 3 *management networks that will enable the cen-*
 4 *ters to—*

5 *“(i) reduce costs associated with the*
 6 *provision of health care services;*

7 *“(ii) improve access to, and avail-*
 8 *ability of, health care services provided to*
 9 *individuals served by the centers;*

10 *“(iii) enhance the quality and coordi-*
 11 *nation of health care services; or*

12 *“(iv) improve the health status of com-*
 13 *munities.*

14 *“(D) USE OF FUNDS.—The activities for*
 15 *which a grant may be made under subparagraph*
 16 *(B) or (C) may include the purchase or lease of*
 17 *equipment, which may include data and infor-*
 18 *mation systems (including paying for the costs of*
 19 *amortizing the principal of, and paying the in-*
 20 *terest on, loans for equipment), the provision of*
 21 *training and technical assistance related to the*
 22 *provision of health care services on a prepaid*
 23 *basis or under another managed care arrange-*
 24 *ment, and other activities that promote the devel-*

opment of practice management or managed care
networks and plans.”;

(4) in subsection (d)—

(A) by striking the subsection heading and
inserting “LOAN GUARANTEE PROGRAM.—”;

(B) in paragraph (1)—

(i) in subparagraph (A), by striking
“the principal and interest on loans” and
all that follows through the period and in-
serting “up to 90 percent of the principal
and interest on loans made by non-Federal
lenders to health centers, funded under this
section, for the costs of developing and oper-
ating managed care networks or plans de-
scribed in subsection (c)(1)(B), or practice
management networks described in sub-
section (c)(1)(C).”;

(ii) in subparagraph (B)—

(I) in clause (i), by striking “or”;

(II) in clause (ii), by striking the
period and inserting “; or”; and

(III) by adding at the end the fol-
lowing:

1 “(iii) to refinance an existing loan (as
2 of the date of refinancing) to the center or
3 centers, if the Secretary determines—

4 “(I) that such refinancing will be
5 beneficial to the health center and the
6 Federal Government;

7 “(II) that the center (or centers)
8 can demonstrate an ability to repay
9 the refinanced loan equal to or greater
10 than the ability of the center (or cen-
11 ters) to repay the original loan on the
12 date the original loan was made.”; and
13 (iii) by adding at the end the fol-
14 lowing:

15 “(D) *PROVISION DIRECTLY TO NETWORKS*
16 *OR PLANS.*—At the request of health centers re-
17 ceiving assistance under this section, loan guar-
18 antees provided under this paragraph may be
19 made directly to networks or plans that are at
20 least majority controlled and, as applicable, at
21 least majority owned by those health centers.

22 “(E) *FEDERAL CREDIT REFORM.*—The re-
23 quirements of the Federal Credit Reform Act of
24 1990 (2 U.S.C. 661 et seq.) shall apply with re-

spect to loans refinanced under subparagraph
(B)(iii).”; and

(C)(i) by striking paragraphs (6) and (7);
and

(ii) by redesignating paragraph (8) as
paragraph (6);

(4) in subsection (e)—

(A) in paragraph (1)—

(i) in subparagraph (B), by striking
“subsection (j)(3)” and inserting “sub-
section (k)(3)”; and

(ii) by adding at the end the following:

“(C) OPERATION OF NETWORKS AND
PLANS.—The Secretary may make grants to
health centers that receive assistance under this
section, or at the request of the health centers, di-
rectly to a network or plan (as described in sub-
paragraphs (B) and (C) of subsection (c)(1))
that is at least majority controlled and, as appli-
cable, at least majority owned by such health
centers receiving assistance under this section,
for the costs associated with the operation of such
network or plan, including the purchase or lease
of equipment (including the costs of amortizing

the principal of, and paying the interest on,
loans for equipment).”;

(B) in paragraph (5)—

(i) in subparagraph (A), by inserting
“subparagraphs (A) and (B) of” after “any
fiscal year under”;

(ii) by redesignating subparagraphs
(B) and (C) as subparagraphs (C) and (D),
respectively; and

(iii) by inserting after subparagraph
(A) the following:

“(B) NETWORKS AND PLANS.—The total
amount of grant funds made available for any
fiscal year under paragraph (1)(C) and subpara-
graphs (B) and (C) of subsection (c)(1) to a
health center or to a network or plan shall be de-
termined by the Secretary, but may not exceed 2
percent of the total amount appropriated under
this section for such fiscal year.”; and

(C) by redesignating paragraphs (4) and
(5) as paragraphs (3) and (4), respectively;

(5) in subsection (g)—

(A) in paragraph (2)—

1 (i) in subparagraph (A), by inserting
 2 “and seasonal agricultural worker” after
 3 “agricultural worker”; and

4 (ii) in subparagraph (B), by striking
 5 “and members of their families” and insert-
 6 ing “and seasonal agricultural workers, and
 7 members of their families,”; and

8 (B) in paragraph (3)(A), by striking “on a
 9 seasonal basis”;

10 (6) in subsection (h)—

11 (A) in paragraph (1), by striking “homeless
 12 children and children at risk of homelessness”
 13 and inserting “homeless children and youth and
 14 children and youth at risk of homelessness”;

15 (B)(i) by redesignating paragraph (4) as
 16 paragraph (5); and

17 (ii) by inserting after paragraph (3) the fol-
 18 lowing:

19 “(4) TEMPORARY CONTINUED PROVISION OF
 20 SERVICES TO CERTAIN FORMER HOMELESS INDIVID-
 21 UALS.—If any grantee under this subsection has pro-
 22 vided services described in this section under the
 23 grant to a homeless individual, such grantee may,
 24 notwithstanding that the individual is no longer
 25 homeless as a result of becoming a resident in perma-

1 *ment housing, expend the grant to continue to provide*
 2 *such services to the individual for not more than 12*
 3 *months.”; and*

4 *(C) in paragraph (5)(C) (as redesignated by*
 5 *subparagraph (B)), by striking “and residential*
 6 *treatment” and inserting “, risk reduction, out-*
 7 *patient treatment, residential treatment, and re-*
 8 *habilitation”;*

9 *(7) in subsection (j)(3)—*

10 *(A) in subparagraph (E)—*

11 *(i) in clause (i)—*

12 *(I) by striking “(i)” and inserting*
 13 *“(i)(I)”;*

14 *(II) by striking “plan; or” and*
 15 *inserting “plan; and”;* and

16 *(III) by adding at the end the fol-*
 17 *lowing:*

18 *“(II) has or will have a contrac-*
 19 *tual or other arrangement with the*
 20 *State agency administering the pro-*
 21 *gram under title XXI of such Act (42*
 22 *U.S.C. 1397aa et seq.) with respect to*
 23 *individuals who are State children’s*
 24 *health insurance program beneficiaries;*
 25 *or”; and*

1 (ii) by striking clause (ii) and insert-
2 ing the following:

3 “(ii) has made or will make every rea-
4 sonable effort to enter into arrangements de-
5 scribed in subclauses (I) and (II) of clause
6 (i);”;

7 (B) in subparagraph (G)—

8 (i) in clause (ii)(II), by striking “;
9 and” and inserting “;”;

10 (ii) by redesignating clause (iii) as
11 clause (iv); and

12 (iii) by inserting after clause (ii) the
13 following:

14 “(iii)(I) will assure that no patient
15 will be denied health care services due to an
16 individual’s inability to pay for such serv-
17 ices; and

18 “(II) will assure that any fees or pay-
19 ments required by the center for such serv-
20 ices will be reduced or waived to enable the
21 center to fulfill the assurance described in
22 subclause (I); and”;

23 (C) in subparagraph (H), in the matter fol-
24 lowing clause (iii), by striking “or (p)” and in-
25 serting “or (q)”;

1 (D) in subparagraph (K)(ii), by striking
2 “and” at the end;

3 (E) in subparagraph (L), by striking the
4 period and inserting “; and”; and

5 (F) by inserting after subparagraph (L), the
6 following:

7 “(M) the center encourages persons receiving
8 or seeking health services from the center to par-
9 ticipate in any public or private (including em-
10 ployer-offered) health programs or plans for
11 which the persons are eligible, so long as the cen-
12 ter, in complying with this subparagraph, does
13 not violate the requirements of subparagraph
14 (G)(iii)(I).”;

15 (8)(A) by redesignating subsection (l) as sub-
16 section (s) and moving that subsection (s) to the end
17 of the section;

18 (B) by redesignating subsections (j), (k), and (m)
19 through (q) as subsections (n), (o), and (p) through
20 (s), respectively; and

21 (C) by inserting after subsection (i) the fol-
22 lowing:

23 “(j) ACCESS GRANTS.—

24 “(1) IN GENERAL.—The Secretary may award
25 grants to eligible health centers with a substantial

1 *number of clients with limited English speaking pro-*
 2 *ficiency to provide translation, interpretation, and*
 3 *other such services for such clients with limited*
 4 *English speaking proficiency.*

5 “(2) *ELIGIBLE HEALTH CENTER.*—*In this sub-*
 6 *section, the term ‘eligible health center’ means an en-*
 7 *tity that—*

8 “(A) *is a health center as defined under*
 9 *subsection (a);*

10 “(B) *provides health care services for clients*
 11 *for whom English is a second language; and*

12 “(C) *has exceptional needs with respect to*
 13 *linguistic access or faces exceptional challenges*
 14 *with respect to linguistic access.*

15 “(3) *GRANT AMOUNT.*—*The amount of a grant*
 16 *awarded to a center under this subsection shall be de-*
 17 *termined by the Administrator. Such determination*
 18 *of such amount shall be based on the number of cli-*
 19 *ents for whom English is a second language that is*
 20 *served by such center, and larger grant amounts shall*
 21 *be awarded to centers serving larger numbers of such*
 22 *clients.*

23 “(4) *USE OF FUNDS.*—*An eligible health center*
 24 *that receives a grant under this subsection may use*
 25 *funds received through such grant to—*

1 “(A) provide translation, interpretation,
2 and other such services for clients for whom
3 English is a second language, including hiring
4 professional translation and interpretation serv-
5 ices; and

6 “(B) compensate bilingual or multilingual
7 staff for language assistance services provided by
8 the staff for such clients.

9 “(5) APPLICATION.—An eligible health center de-
10 siring a grant under this subsection shall submit an
11 application to the Secretary at such time, in such
12 manner, and containing such information as the Sec-
13 retary may reasonably require, including—

14 “(A) an estimate of the number of clients
15 that the center serves for whom English is a sec-
16 ond language;

17 “(B) the ratio of the number of clients for
18 whom English is a second language to the total
19 number of clients served by the center;

20 “(C) a description of any language assist-
21 ance services that the center proposes to provide
22 to aid clients for whom English is a second lan-
23 guage; and

24 “(D) a description of the exceptional needs
25 of such center with respect to linguistic access or

1 *a description of the exceptional challenges faced*
 2 *by such center with respect to linguistic access.*

3 “(6) *AUTHORIZATION OF APPROPRIATIONS.—*

4 *There are authorized to be appropriated to carry out*
 5 *this subsection, in addition to any funds authorized*
 6 *to be appropriated or appropriated for health centers*
 7 *under any other subsection of this section, such sums*
 8 *as may be necessary for each of fiscal years 2002*
 9 *through 2006.”;*

10 *(9) by striking subsection (m) (as redesignated*
 11 *by paragraph (9)(B)) and inserting the following:*

12 “(m) *TECHNICAL ASSISTANCE.—The Secretary shall*
 13 *establish a program through which the Secretary shall pro-*
 14 *vide technical and other assistance to eligible entities to as-*
 15 *sist such entities to meet the requirements of subsection*
 16 *(l)(3). Services provided through the program may include*
 17 *necessary technical and nonfinancial assistance, including*
 18 *fiscal and program management assistance, training in fis-*
 19 *cal and program management, operational and adminis-*
 20 *trative support, and the provision of information to the en-*
 21 *tities of the variety of resources available under this title*
 22 *and how those resources can be best used to meet the health*
 23 *needs of the communities served by the entities.”;*

(10) in subsection (q) (as redesignated by paragraph (9)(B)), by striking “(j)(3)(G)” and inserting “(l)(3)(G)”; and

(11) in subsection (s) (as redesignated by paragraph (9)(A))—

(A) in paragraph (1), by striking “\$802,124,000” and all that follows through the period and inserting “\$1,340,000,000 for fiscal year 2002 and such sums as may be necessary for each of the fiscal years 2003 through 2006.”;

(B) in paragraph (2)—

(i) in subparagraph (A)—

(I) by striking “(j)(3))” and inserting “(l)(3))”; and

(II) by striking “(j)(3)(G)(ii)” and inserting “(l)(3)(H)”; and

(ii) by striking subparagraph (B) and inserting the following:

“(B) DISTRIBUTION OF GRANTS.—For fiscal year 2002 and each of the following fiscal years, the Secretary, in awarding grants under this section, shall ensure that the proportion of the amount made available under each of subsections (g), (h), and (i), relative to the total amount appropriated to carry out this section for that fis-

1 *cal year, is equal to the proportion of the*
 2 *amount made available under that subsection for*
 3 *fiscal year 2001, relative to the total amount ap-*
 4 *propriated to carry out this section for fiscal*
 5 *year 2001.”.*

6 **SEC. 102. TELEMEDICINE; INCENTIVE GRANTS REGARDING**
 7 **COORDINATION AMONG STATES.**

8 *(a) IN GENERAL.—The Secretary of Health and*
 9 *Human Services may make grants to State professional li-*
 10 *censing boards to carry out programs under which such li-*
 11 *censing boards of various States cooperate to develop and*
 12 *implement State policies that will reduce statutory and reg-*
 13 *ulatory barriers to telemedicine.*

14 *(b) AUTHORIZATION OF APPROPRIATIONS.—For the*
 15 *purpose of carrying out subsection (a), there are authorized*
 16 *to be appropriated such sums as may be necessary for each*
 17 *of the fiscal years 2002 through 2006.*

1 ***TITLE II—RURAL HEALTH***
 2 ***Subtitle A—Rural Health Care***
 3 ***Services Outreach, Rural Health***
 4 ***Network Development, and***
 5 ***Small Health Care Provider***
 6 ***Quality Improvement Grant Pro-***
 7 ***grams***

8 ***SEC. 201. GRANT PROGRAMS.***

9 *Section 330A of the Public Health Service Act (42*
 10 *U.S.C. 254c) is amended to read as follows:*

11 ***“SEC. 330A. RURAL HEALTH CARE SERVICES OUTREACH,***
 12 ***RURAL HEALTH NETWORK DEVELOPMENT,***
 13 ***AND SMALL HEALTH CARE PROVIDER QUAL-***
 14 ***ITY IMPROVEMENT GRANT PROGRAMS.***

15 ***“(a) PURPOSE.—****The purpose of this section is to pro-*
 16 *vide grants for expanded delivery of health care services in*
 17 *rural areas, for the planning and implementation of inte-*
 18 *grated health care networks in rural areas, and for the*
 19 *planning and implementation of small health care provider*
 20 *quality improvement activities.*

21 ***“(b) DEFINITIONS.—***

22 ***“(1) DIRECTOR.—****The term ‘Director’ means the*
 23 *Director specified in subsection (d).*

24 ***“(2) FEDERALLY QUALIFIED HEALTH CENTER;***
 25 ***RURAL HEALTH CLINIC.—****The terms ‘Federally quali-*

1 *fied health center’ and ‘rural health clinic’ have the*
 2 *meanings given the terms in section 1861(aa) of the*
 3 *Social Security Act (42 U.S.C. 1395x(aa)).*

4 “(3) *HEALTH PROFESSIONAL SHORTAGE*
 5 *AREA.*—*The term ‘health professional shortage area’*
 6 *means a health professional shortage area designated*
 7 *under section 332.*

8 “(4) *MEDICALLY UNDERSERVED COMMUNITY.*—
 9 *The term ‘medically underserved community’ has the*
 10 *meaning given the term in section 799B.*

11 “(5) *MEDICALLY UNDERSERVED POPULATION.*—
 12 *The term ‘medically underserved population’ has the*
 13 *meaning given the term in section 330(b)(3).*

14 “(c) *PROGRAM.*—*The Secretary shall establish, under*
 15 *section 301, a small health care provider quality improve-*
 16 *ment grant program.*

17 “(d) *ADMINISTRATION.*—

18 “(1) *PROGRAMS.*—*The rural health care services*
 19 *outreach, rural health network development, and*
 20 *small health care provider quality improvement grant*
 21 *programs established under section 301 shall be ad-*
 22 *ministered by the Director of the Office of Rural*
 23 *Health Policy of the Health Resources and Services*
 24 *Administration, in consultation with State offices of*

1 *rural health or other appropriate State government*
 2 *entities.*

3 “(2) *GRANTS.*—

4 “(A) *IN GENERAL.*—*In carrying out the*
 5 *programs described in paragraph (1), the Direc-*
 6 *tor may award grants under subsections (e), (f),*
 7 *and (g) to expand access to, coordinate, and im-*
 8 *prove the quality of essential health care services,*
 9 *and enhance the delivery of health care, in rural*
 10 *areas.*

11 “(B) *TYPES OF GRANTS.*—*The Director*
 12 *may award the grants—*

13 “(i) *to promote expanded delivery of*
 14 *health care services in rural areas under*
 15 *subsection (e);*

16 “(ii) *to provide for the planning and*
 17 *implementation of integrated health care*
 18 *networks in rural areas under subsection*
 19 *(f); and*

20 “(iii) *to provide for the planning and*
 21 *implementation of small health care pro-*
 22 *vider quality improvement activities under*
 23 *subsection (g).*

24 “(e) *RURAL HEALTH CARE SERVICES OUTREACH*
 25 *GRANTS.*—

1 “(1) *GRANTS.*—*The Director may award grants*
 2 *to eligible entities to promote rural health care serv-*
 3 *ices outreach by expanding the delivery of health care*
 4 *services to include new and enhanced services in rural*
 5 *areas. The Director may award the grants for periods*
 6 *of not more than 3 years.*

7 “(2) *ELIGIBILITY.*—*To be eligible to receive a*
 8 *grant under this subsection for a project, an entity—*

9 “(A) *shall be a rural public or rural non-*
 10 *profit private entity;*

11 “(B) *shall represent a consortium composed*
 12 *of members—*

13 “(i) *that include 3 or more health care*
 14 *providers; and*

15 “(ii) *that may be nonprofit or for-prof-*
 16 *it entities; and*

17 “(C) *shall not previously have received a*
 18 *grant under this subsection for the same or a*
 19 *similar project, unless the entity is proposing to*
 20 *expand the scope of the project or the area that*
 21 *will be served through the project.*

22 “(3) *APPLICATIONS.*—*To be eligible to receive a*
 23 *grant under this subsection, an eligible entity, in con-*
 24 *sultation with the appropriate State office of rural*
 25 *health or another appropriate State entity, shall pre-*

1 *pare and submit to the Secretary an application, at*
 2 *such time, in such manner, and containing such in-*
 3 *formation as the Secretary may require, including—*

4 *“(A) a description of the project that the eli-*
 5 *gible entity will carry out using the funds pro-*
 6 *vided under the grant;*

7 *“(B) a description of the manner in which*
 8 *the project funded under the grant will meet the*
 9 *health care needs of rural underserved popu-*
 10 *lations in the local community or region to be*
 11 *served;*

12 *“(C) a description of how the local commu-*
 13 *nity or region to be served will be involved in the*
 14 *development and ongoing operations of the*
 15 *project;*

16 *“(D) a plan for sustaining the project after*
 17 *Federal support for the project has ended;*

18 *“(E) a description of how the project will be*
 19 *evaluated; and*

20 *“(F) other such information as the Sec-*
 21 *retary determines to be appropriate.*

22 *“(f) RURAL HEALTH NETWORK DEVELOPMENT*
 23 *GRANTS.—*

24 *“(1) GRANTS.—*

1 “(A) *IN GENERAL.*—*The Director may*
 2 *award rural health network development grants*
 3 *to eligible entities to promote, through planning*
 4 *and implementation, the development of inte-*
 5 *grated health care networks that have combined*
 6 *the functions of the entities participating in the*
 7 *networks in order to—*

8 “(i) *achieve efficiencies;*

9 “(ii) *expand access to, coordinate, and*
 10 *improve the quality of essential health care*
 11 *services; and*

12 “(iii) *strengthen the rural health care*
 13 *system as a whole.*

14 “(B) *GRANT PERIODS.*—*The Director may*
 15 *award such a rural health network development*
 16 *grant for implementation activities for a period*
 17 *of 3 years. The Director may also award such a*
 18 *rural health network development grant for plan-*
 19 *ning activities for a period of 1 year, to assist*
 20 *in the development of an integrated health care*
 21 *network, if the proposed participants in the net-*
 22 *work do not have a history of collaborative ef-*
 23 *forts and a 3-year grant would be inappropriate.*

24 “(2) *ELIGIBILITY.*—*To be eligible to receive a*
 25 *grant under this subsection, an entity—*

1 “(A) shall be a rural public or rural non-
2 profit private entity;

3 “(B) shall represent a network composed of
4 participants—

5 “(i) that include 3 or more health care
6 providers; and

7 “(ii) that may be nonprofit or for-prof-
8 it entities; and

9 “(C) shall not previously have received a
10 grant under this subsection (other than a grant
11 for planning activities) for the same or a similar
12 project.

13 “(3) APPLICATIONS.—To be eligible to receive a
14 grant under this subsection, an eligible entity, in con-
15 sultation with the appropriate State office of rural
16 health or another appropriate State entity, shall pre-
17 pare and submit to the Secretary an application, at
18 such time, in such manner, and containing such in-
19 formation as the Secretary may require, including—

20 “(A) a description of the project that the eli-
21 gible entity will carry out using the funds pro-
22 vided under the grant;

23 “(B) an explanation of the reasons why
24 Federal assistance is required to carry out the
25 project;

1 “(C) a description of—

2 “(i) the history of collaborative activi-
3 ties carried out by the participants in the
4 network;

5 “(ii) the degree to which the partici-
6 pants are ready to integrate their functions;
7 and

8 “(iii) how the local community or re-
9 gion to be served will benefit from and be
10 involved in the activities carried out by the
11 network;

12 “(D) a description of how the local commu-
13 nity or region to be served will experience in-
14 creased access to quality health care services
15 across the continuum of care as a result of the
16 integration activities carried out by the network;

17 “(E) a plan for sustaining the project after
18 Federal support for the project has ended;

19 “(F) a description of how the project will be
20 evaluated; and

21 “(G) other such information as the Sec-
22 retary determines to be appropriate.

23 “(g) SMALL HEALTH CARE PROVIDER QUALITY IM-
24 PROVEMENT GRANTS.—

1 “(1) *GRANTS.*—*The Director may award grants*
 2 *to provide for the planning and implementation of*
 3 *small health care provider quality improvement ac-*
 4 *tivities. The Director may award the grants for peri-*
 5 *ods of 1 to 3 years.*

6 “(2) *ELIGIBILITY.*—*To be eligible for a grant*
 7 *under this subsection, an entity—*

8 “(A)(i) *shall be a rural public or rural non-*
 9 *profit private health care provider or provider of*
 10 *health care services, such as a critical access hos-*
 11 *pital or a rural health clinic; or*

12 “(ii) *shall be another rural provider or net-*
 13 *work of small rural providers identified by the*
 14 *Secretary as a key source of local care; and*

15 “(B) *shall not previously have received a*
 16 *grant under this subsection for the same or a*
 17 *similar project.*

18 “(3) *APPLICATIONS.*—*To be eligible to receive a*
 19 *grant under this subsection, an eligible entity, in con-*
 20 *sultation with the appropriate State office of rural*
 21 *health or another appropriate State entity shall pre-*
 22 *pare and submit to the Secretary an application, at*
 23 *such time, in such manner, and containing such in-*
 24 *formation as the Secretary may require, including—*

1 “(A) a description of the project that the eli-
2 gible entity will carry out using the funds pro-
3 vided under the grant;

4 “(B) an explanation of the reasons why
5 Federal assistance is required to carry out the
6 project;

7 “(C) a description of the manner in which
8 the project funded under the grant will assure
9 continuous quality improvement in the provision
10 of services by the entity;

11 “(D) a description of how the local commu-
12 nity or region to be served will experience in-
13 creased access to quality health care services
14 across the continuum of care as a result of the
15 activities carried out by the entity;

16 “(E) a plan for sustaining the project after
17 Federal support for the project has ended;

18 “(F) a description of how the project will be
19 evaluated; and

20 “(G) other such information as the Sec-
21 retary determines to be appropriate.

22 “(4) EXPENDITURES FOR SMALL HEALTH CARE
23 PROVIDER QUALITY IMPROVEMENT GRANTS.—In
24 awarding a grant under this subsection, the Director
25 shall ensure that the funds made available through the

1 *grant will be used to provide services to residents of*
 2 *rural areas. The Director shall award not less than*
 3 *50 percent of the funds made available under this*
 4 *subsection to providers located in and serving rural*
 5 *areas.*

6 “(h) *GENERAL REQUIREMENTS.*—

7 “(1) *PROHIBITED USES OF FUNDS.*—*An entity*
 8 *that receives a grant under this section may not use*
 9 *funds provided through the grant—*

10 “(A) *to build or acquire real property; or*

11 “(B) *for construction.*

12 “(2) *COORDINATION WITH OTHER AGENCIES.*—

13 *The Secretary shall coordinate activities carried out*
 14 *under grant programs described in this section, to the*
 15 *extent practicable, with Federal and State agencies*
 16 *and nonprofit organizations that are operating simi-*
 17 *lar grant programs, to maximize the effect of public*
 18 *dollars in funding meritorious proposals.*

19 “(3) *PREFERENCE.*—*In awarding grants under*
 20 *this section, the Secretary shall give preference to en-*
 21 *tities that—*

22 “(A) *are located in health professional*
 23 *shortage areas or medically underserved commu-*
 24 *nities, or serve medically underserved popu-*
 25 *lations; or*

1 “(B) propose to develop projects with a
2 focus on primary care, and wellness and preven-
3 tion strategies.

4 “(i) *REPORT*.—Not later than September 30, 2005, the
5 Secretary shall prepare and submit to the appropriate com-
6 mittees of Congress a report on the progress and accomplish-
7 ments of the grant programs described in subsections (e),
8 (f), and (g).

9 “(j) *AUTHORIZATION OF APPROPRIATIONS*.—There are
10 authorized to be appropriated to carry out this section
11 \$40,000,000 for fiscal year 2002, and such sums as may
12 be necessary for each of fiscal years 2003 through 2006.”.

13 ***Subtitle B—Telehealth Grant***
14 ***Consolidation***

15 ***SEC. 211. SHORT TITLE.***

16 *This subtitle may be cited as the “Telehealth Grant*
17 *Consolidation Act of 2002”.*

18 ***SEC. 212. CONSOLIDATION AND REAUTHORIZATION OF***
19 ***PROVISIONS.***

20 *Subpart I of part D of title III of the Public Health*
21 *Service Act (42 U.S.C. 254b et seq) is amended by adding*
22 *at the end the following:*

23 ***“SEC. 330I. TELEHEALTH NETWORK AND TELEHEALTH RE-***
24 ***SOURCE CENTERS GRANT PROGRAMS.***

25 “(a) *DEFINITIONS*.—In this section:

1 “(1) *DIRECTOR; OFFICE.*—*The terms ‘Director’*
 2 *and ‘Office’ mean the Director and Office specified in*
 3 *subsection (c).*

4 “(2) *FEDERALLY QUALIFIED HEALTH CENTER*
 5 *AND RURAL HEALTH CLINIC.*—*The term ‘Federally*
 6 *qualified health center’ and ‘rural health clinic’ have*
 7 *the meanings given the terms in section 1861(aa) of*
 8 *the Social Security Act (42 U.S.C. 1395x(aa)).*

9 “(3) *FRONTIER COMMUNITY.*—*The term ‘frontier*
 10 *community’ shall have the meaning given the term in*
 11 *regulations issued under subsection (r).*

12 “(4) *MEDICALLY UNDERSERVED AREA.*—*The*
 13 *term ‘medically underserved area’ has the meaning*
 14 *given the term ‘medically underserved community’ in*
 15 *section 799B.*

16 “(5) *MEDICALLY UNDERSERVED POPULATION.*—
 17 *The term ‘medically underserved population’ has the*
 18 *meaning given the term in section 330(b)(3).*

19 “(6) *TELEHEALTH SERVICES.*—*The term ‘tele-*
 20 *health services’ means services provided through tele-*
 21 *health technologies.*

22 “(7) *TELEHEALTH TECHNOLOGIES.*—*The term*
 23 *‘telehealth technologies’ means technologies relating to*
 24 *the use of electronic information, and telecommuni-*
 25 *cations technologies, to support and promote, at a dis-*

1 *tance, health care, patient and professional health-re-*
 2 *lated education, health administration, and public*
 3 *health.*

4 “(b) *PROGRAMS.*—*The Secretary shall establish, under*
 5 *section 301, telehealth network and telehealth resource cen-*
 6 *ters grant programs.*

7 “(c) *ADMINISTRATION.*—

8 “(1) *ESTABLISHMENT.*—*There is established in*
 9 *the Health and Resources and Services Administra-*
 10 *tion an Office for the Advancement of Telehealth. The*
 11 *Office shall be headed by a Director.*

12 “(2) *DUTIES.*—*The telehealth network and tele-*
 13 *health resource centers grant programs established*
 14 *under section 301 shall be administered by the Direc-*
 15 *tor, in consultation with the State offices of rural*
 16 *health, State offices concerning primary care, or other*
 17 *appropriate State government entities.*

18 “(d) *GRANTS.*—

19 “(1) *TELEHEALTH NETWORK GRANTS.*—*The Di-*
 20 *rector may, in carrying out the telehealth network*
 21 *grant program referred to in subsection (b), award*
 22 *grants to eligible entities for projects to demonstrate*
 23 *how telehealth technologies can be used through tele-*
 24 *health networks in rural areas, frontier communities,*

1 *and medically underserved areas, and for medically*
 2 *underserved populations, to—*

3 *“(A) expand access to, coordinate, and im-*
 4 *prove the quality of health care services;*

5 *“(B) improve and expand the training of*
 6 *health care providers; and*

7 *“(C) expand and improve the quality of*
 8 *health information available to health care pro-*
 9 *viders, and patients and their families, for deci-*
 10 *sionmaking.*

11 *“(2) TELEHEALTH RESOURCE CENTERS*
 12 *GRANTS.—The Director may, in carrying out the tele-*
 13 *health resource centers grant program referred to in*
 14 *subsection (b), award grants to eligible entities for*
 15 *projects to demonstrate how telehealth technologies*
 16 *can be used in the areas and communities, and for*
 17 *the populations, described in paragraph (1), to estab-*
 18 *lish telehealth resource centers.*

19 *“(e) GRANT PERIODS.—The Director may award*
 20 *grants under this section for periods of not more than 4*
 21 *years.*

22 *“(f) ELIGIBLE ENTITIES.—*

23 *“(1) TELEHEALTH NETWORK GRANTS.—*

1 “(A) *GRANT RECIPIENT.*—*To be eligible to*
 2 *receive a grant under subsection (d)(1), an entity*
 3 *shall be a nonprofit entity.*

4 “(B) *TELEHEALTH NETWORKS.*—

5 “(i) *IN GENERAL.*—*To be eligible to re-*
 6 *ceive a grant under subsection (d)(1), an*
 7 *entity shall demonstrate that the entity will*
 8 *provide services through a telehealth net-*
 9 *work.*

10 “(ii) *NATURE OF ENTITIES.*—*Each en-*
 11 *tity participating in the telehealth network*
 12 *may be a nonprofit or for-profit entity.*

13 “(iii) *COMPOSITION OF NETWORK.*—
 14 *The telehealth network shall include at least*
 15 *2 of the following entities (at least 1 of*
 16 *which shall be a community-based health*
 17 *care provider):*

18 “(I) *Community or migrant*
 19 *health centers or other Federally quali-*
 20 *fied health centers.*

21 “(II) *Health care providers, in-*
 22 *cluding pharmacists, in private prac-*
 23 *tice.*

24 “(III) *Entities operating clinics,*
 25 *including rural health clinics.*

1 “(IV) *Local health departments.*

2 “(V) *Nonprofit hospitals, includ-*
3 *ing community access hospitals.*

4 “(VI) *Other publicly funded*
5 *health or social service agencies.*

6 “(VII) *Long-term care providers.*

7 “(VIII) *Providers of health care*
8 *services in the home.*

9 “(IX) *Providers of outpatient*
10 *mental health services and entities op-*
11 *erating outpatient mental health facili-*
12 *ties.*

13 “(X) *Local or regional emergency*
14 *health care providers.*

15 “(XI) *Institutions of higher edu-*
16 *cation.*

17 “(XII) *Entities operating dental*
18 *clinics.*

19 “(2) *TELEHEALTH RESOURCE CENTERS*
20 *GRANTS.—To be eligible to receive a grant under sub-*
21 *section (d)(2), an entity shall be a nonprofit entity.*

22 “(g) *APPLICATIONS.—To be eligible to receive a grant*
23 *under subsection (d), an eligible entity, in consultation with*
24 *the appropriate State office of rural health or another ap-*
25 *propriate State entity, shall prepare and submit to the Sec-*

1 *retary an application, at such time, in such manner, and*
2 *containing such information as the Secretary may require,*
3 *including—*

4 *“(1) a description of the project that the eligible*
5 *entity will carry out using the funds provided under*
6 *the grant;*

7 *“(2) a description of the manner in which the*
8 *project funded under the grant will meet the health*
9 *care needs of rural or other populations to be served*
10 *through the project, or improve the access to services*
11 *of, and the quality of the services received by, those*
12 *populations;*

13 *“(3) evidence of local support for the project, and*
14 *a description of how the areas, communities, or popu-*
15 *lations to be served will be involved in the develop-*
16 *ment and ongoing operations of the project;*

17 *“(4) a plan for sustaining the project after Fed-*
18 *eral support for the project has ended;*

19 *“(5) information on the source and amount of*
20 *non-Federal funds that the entity will provide for the*
21 *project;*

22 *“(6) information demonstrating the long-term vi-*
23 *ability of the project, and other evidence of institu-*
24 *tional commitment of the entity to the project;*

1 “(7) *in the case of an application for a project*
 2 *involving a telehealth network, information dem-*
 3 *onstrating how the project will promote the integra-*
 4 *tion of telehealth technologies into the operations of*
 5 *health care providers, to avoid redundancy, and im-*
 6 *prove access to and the quality of care; and*

7 “(8) *other such information as the Secretary de-*
 8 *termines to be appropriate.*

9 “(h) *TERMS; CONDITIONS; MAXIMUM AMOUNT OF AS-*
 10 *SISTANCE.—The Secretary shall establish the terms and*
 11 *conditions of each grant program described in subsection*
 12 *(b) and the maximum amount of a grant to be awarded*
 13 *to an individual recipient for each fiscal year under this*
 14 *section. The Secretary shall publish, in a publication of the*
 15 *Health Resources and Services Administration, notice of the*
 16 *application requirements for each grant program described*
 17 *in subsection (b) for each fiscal year.*

18 “(i) *PREFERENCES.—*

19 “(1) *TELEHEALTH NETWORKS.—In awarding*
 20 *grants under subsection (d)(1) for projects involving*
 21 *telehealth networks, the Secretary shall give preference*
 22 *to an eligible entity that meets at least 1 of the fol-*
 23 *lowing requirements:*

1 “(A) *ORGANIZATION.*—*The eligible entity is*
 2 *a rural community-based organization or an-*
 3 *other community-based organization.*

4 “(B) *SERVICES.*—*The eligible entity pro-*
 5 *poses to use Federal funds made available*
 6 *through such a grant to develop plans for, or to*
 7 *establish, telehealth networks that provide mental*
 8 *health, public health, long-term care, home care,*
 9 *preventive, or case management services.*

10 “(C) *COORDINATION.*—*The eligible entity*
 11 *demonstrates how the project to be carried out*
 12 *under the grant will be coordinated with other*
 13 *relevant federally funded projects in the areas,*
 14 *communities, and populations to be served*
 15 *through the grant.*

16 “(D) *NETWORK.*—*The eligible entity dem-*
 17 *onstrates that the project involves a telehealth*
 18 *network that includes an entity that—*

19 “(i) *provides clinical health care serv-*
 20 *ices, or educational services for health care*
 21 *providers and for patients or their families;*
 22 *and*

23 “(ii) *is—*

24 “(I) *a public library;*

1 “(II) *an institution of higher edu-*
2 *cation; or*

3 “(III) *a local government entity.*

4 “(E) *CONNECTIVITY.—The eligible entity*
5 *proposes a project that promotes local*
6 *connectivity within areas, communities, or popu-*
7 *lations to be served through the project.*

8 “(F) *INTEGRATION.—The eligible entity*
9 *demonstrates that health care information has*
10 *been integrated into the project.*

11 “(2) *TELEHEALTH RESOURCE CENTERS.—In*
12 *awarding grants under subsection (d)(2) for projects*
13 *involving telehealth resource centers, the Secretary*
14 *shall give preference to an eligible entity that meets*
15 *at least 1 of the following requirements:*

16 “(A) *PROVISION OF SERVICES.—The eligible*
17 *entity has a record of success in the provision of*
18 *telehealth services to medically underserved areas*
19 *or medically underserved populations.*

20 “(B) *COLLABORATION AND SHARING OF EX-*
21 *PERTISE.—The eligible entity has a dem-*
22 *onstrated record of collaborating and sharing ex-*
23 *pertise with providers of telehealth services at the*
24 *national, regional, State, and local levels.*

1 “(C) *BROAD RANGE OF TELEHEALTH SERV-*
 2 *ICES.—The eligible entity has a record of pro-*
 3 *viding a broad range of telehealth services, which*
 4 *may include—*

5 “(i) *a variety of clinical specialty serv-*
 6 *ices;*

7 “(ii) *patient or family education;*

8 “(iii) *health care professional edu-*
 9 *cation; and*

10 “(iv) *rural residency support pro-*
 11 *grams.*

12 “(j) *DISTRIBUTION OF FUNDS.—*

13 “(1) *IN GENERAL.—In awarding grants under*
 14 *this section, the Director shall ensure, to the greatest*
 15 *extent possible, that such grants are equitably distrib-*
 16 *uted among the geographical regions of the United*
 17 *States.*

18 “(2) *TELEHEALTH NETWORKS.—In awarding*
 19 *grants under subsection (d)(1) for a fiscal year, the*
 20 *Director shall ensure that—*

21 “(A) *not less than 50 percent of the funds*
 22 *awarded shall be awarded for projects in rural*
 23 *areas; and*

24 “(B) *the total amount of funds awarded for*
 25 *such projects for that fiscal year shall be not less*

1 *than the total amount of funds awarded for such*
 2 *projects for fiscal year 2001 under section 330A*
 3 *(as in effect on the day before the date of enact-*
 4 *ment of the Health Care Safety Net Amendments*
 5 *of 2002).*

6 “(k) *USE OF FUNDS.—*

7 “(1) *TELEHEALTH NETWORK PROGRAM.—The re-*
 8 *cipient of a grant under subsection (d)(1) may use*
 9 *funds received through such grant for salaries, equip-*
 10 *ment, and operating or other costs, including the cost*
 11 *of—*

12 “(A) *developing and delivering clinical tele-*
 13 *health services that enhance access to commu-*
 14 *nity-based health care services in rural areas,*
 15 *frontier communities, or medically underserved*
 16 *areas, or for medically underserved populations;*

17 “(B) *developing and acquiring, through*
 18 *lease or purchase, computer hardware and soft-*
 19 *ware, audio and video equipment, computer net-*
 20 *work equipment, interactive equipment, data ter-*
 21 *minal equipment, and other equipment that fur-*
 22 *thers the objectives of the telehealth network*
 23 *grant program;*

24 “(C)(i) *developing and providing distance*
 25 *education, in a manner that enhances access to*

1 *care in rural areas, frontier communities, or*
2 *medically underserved areas, or for medically*
3 *underserved populations; or*

4 “(ii) mentoring, precepting, or supervising
5 *health care providers and students seeking to be-*
6 *come health care providers, in a manner that en-*
7 *hances access to care in the areas and commu-*
8 *nities, or for the populations, described in clause*
9 *(i);*

10 “(D) developing and acquiring instruc-
11 *tional programming;*

12 “(E)(i) providing for transmission of med-
13 *ical data, and maintenance of equipment; and*

14 “(ii) providing for compensation (including
15 *travel expenses) of specialists, and referring*
16 *health care providers, who are providing tele-*
17 *health services through the telehealth network, if*
18 *no third party payment is available for the tele-*
19 *health services delivered through the telehealth*
20 *network;*

21 “(F) developing projects to use telehealth
22 *technology to facilitate collaboration between*
23 *health care providers;*

1 “(G) collecting and analyzing usage statis-
 2 tics and data to document the cost-effectiveness of
 3 the telehealth services; and

4 “(H) carrying out such other activities as
 5 are consistent with achieving the objectives of
 6 this section, as determined by the Secretary.

7 “(2) *TELEHEALTH RESOURCE CENTERS.*—The
 8 recipient of a grant under subsection (d)(2) may use
 9 funds received through such grant for salaries, equip-
 10 ment, and operating or other costs for—

11 “(A) providing technical assistance, train-
 12 ing, and support, and providing for travel ex-
 13 penses, for health care providers and a range of
 14 health care entities that provide or will provide
 15 telehealth services;

16 “(B) disseminating information and re-
 17 search findings related to telehealth services;

18 “(C) promoting effective collaboration
 19 among telehealth resource centers and the Office;

20 “(D) conducting evaluations to determine
 21 the best utilization of telehealth technologies to
 22 meet health care needs;

23 “(E) promoting the integration of the tech-
 24 nologies used in clinical information systems
 25 with other telehealth technologies;

1 “(F) fostering the use of telehealth tech-
 2 nologies to provide health care information and
 3 education for health care providers and con-
 4 sumers in a more effective manner; and

5 “(G) implementing special projects or stud-
 6 ies under the direction of the Office.

7 “(I) *PROHIBITED USES OF FUNDS.*—An entity that re-
 8 ceives a grant under this section may not use funds made
 9 available through the grant—

10 “(1) to acquire real property;

11 “(2) for expenditures to purchase or lease equip-
 12 ment, to the extent that the expenditures would exceed
 13 40 percent of the total grant funds;

14 “(3) in the case of a project involving a tele-
 15 health network, to purchase or install transmission
 16 equipment (such as laying cable or telephone lines, or
 17 purchasing or installing microwave towers, satellite
 18 dishes, amplifiers, or digital switching equipment);

19 “(4) to pay for any equipment or transmission
 20 costs not directly related to the purposes for which the
 21 grant is awarded;

22 “(5) to purchase or install general purpose voice
 23 telephone systems;

24 “(6) for construction; or

1 “(7) for expenditures for indirect costs (as deter-
2 mined by the Secretary), to the extent that the ex-
3 penditures would exceed 15 percent of the total grant
4 funds.

5 “(m) COLLABORATION.—In providing services under
6 this section, an eligible entity shall collaborate, if feasible,
7 with entities that—

8 “(1)(A) are private or public organizations, that
9 receive Federal or State assistance; or

10 “(B) are public or private entities that operate
11 centers, or carry out programs, that receive Federal or
12 State assistance; and

13 “(2) provide telehealth services or related activi-
14 ties.

15 “(n) COORDINATION WITH OTHER AGENCIES.—The
16 Secretary shall coordinate activities carried out under
17 grant programs described in subsection (b), to the extent
18 practicable, with Federal and State agencies and nonprofit
19 organizations that are operating similar programs, to
20 maximize the effect of public dollars in funding meritorious
21 proposals.

22 “(o) OUTREACH ACTIVITIES.—The Secretary shall es-
23 tablish and implement procedures to carry out outreach ac-
24 tivities to advise potential end users of telehealth services
25 in rural areas, frontier communities, medically underserved

1 areas, and medically underserved populations in each State
 2 about the grant programs described in subsection (b).

3 “(p) *TELEHEALTH.*—It is the sense of Congress that,
 4 for purposes of this section, States should develop reci-
 5 procity agreements so that a provider of services under this
 6 section who is a licensed or otherwise authorized health care
 7 provider under the law of 1 or more States, and who,
 8 through telehealth technology, consults with a licensed or
 9 otherwise authorized health care provider in another State,
 10 is exempt, with respect to such consultation, from any State
 11 law of the other State that prohibits such consultation on
 12 the basis that the first health care provider is not a licensed
 13 or authorized health care provider under the law of that
 14 State.

15 “(q) *REPORT.*—Not later than September 30, 2005, the
 16 Secretary shall prepare and submit to the appropriate com-
 17 mittees of Congress a report on the progress and accomplish-
 18 ments of the grant programs described in subsection (b).

19 “(r) *REGULATIONS.*—The Secretary shall issue regula-
 20 tions specifying, for purposes of this section, a definition
 21 of the term ‘frontier area’. The definition shall be based on
 22 factors that include population density, travel distance in
 23 miles to the nearest medical facility, travel time in minutes
 24 to the nearest medical facility, and such other factors as
 25 the Secretary determines to be appropriate. The Secretary

1 *shall develop the definition in consultation with the Direc-*
 2 *tor of the Bureau of the Census and the Administrator of*
 3 *the Economic Research Service of the Department of Agri-*
 4 *culture.*

5 “(s) *AUTHORIZATION OF APPROPRIATIONS.—There are*
 6 *authorized to be appropriated to carry out this section—*

7 “(1) *for grants under subsection (d)(1),*
 8 *\$40,000,000 for fiscal year 2002, and such sums as*
 9 *may be necessary for each of fiscal years 2003 through*
 10 *2006; and*

11 “(2) *for grants under subsection (d)(2),*
 12 *\$20,000,000 for fiscal year 2002, and such sums as*
 13 *may be necessary for each of fiscal years 2003 through*
 14 *2006.”.*

15 ***Subtitle C—Mental Health Services***
 16 ***Telehealth Program and Rural***
 17 ***Emergency Medical Service***
 18 ***Training and Equipment Assist-***
 19 ***ance Program***

20 ***SEC. 221. PROGRAMS.***

21 *Subpart I of part D of title III of the Public Health*
 22 *Service Act (42 U.S.C. 254b et seq.) (as amended by section*
 23 *212) is further amended by adding at the end the following:*

1 **“SEC. 330J. RURAL EMERGENCY MEDICAL SERVICE TRAIN-**
 2 **ING AND EQUIPMENT ASSISTANCE PROGRAM.**

3 “(a) *GRANTS.*—*The Secretary, acting through the Ad-*
 4 *ministrator of the Health Resources and Services Adminis-*
 5 *tration (referred to in this section as the ‘Secretary’) shall*
 6 *award grants to eligible entities to enable such entities to*
 7 *provide for improved emergency medical services in rural*
 8 *areas.*

9 “(b) *ELIGIBILITY.*—*To be eligible to receive a grant*
 10 *under this section, an entity shall—*

11 “(1) *be—*

12 “(A) *a State emergency medical services of-*
 13 *fice;*

14 “(B) *a State emergency medical services as-*
 15 *sociation;*

16 “(C) *a State office of rural health;*

17 “(D) *a local government entity;*

18 “(E) *a State or local ambulance provider;*

19 *or*

20 “(F) *any other entity determined appro-*
 21 *priate by the Secretary; and*

22 “(2) *prepare and submit to the Secretary an ap-*
 23 *plication at such time, in such manner, and con-*
 24 *taining such information as the Secretary may re-*
 25 *quire, that includes—*

1 “(A) a description of the activities to be
2 carried out under the grant; and

3 “(B) an assurance that the eligible entity
4 will comply with the matching requirement of
5 subsection (e).

6 “(c) *USE OF FUNDS.*—An entity shall use amounts re-
7 ceived under a grant made under subsection (a), either di-
8 rectly or through grants to emergency medical service
9 squads that are located in, or that serve residents of, a non-
10 metropolitan statistical area, an area designated as a rural
11 area by any law or regulation of a State, or a rural census
12 tract of a metropolitan statistical area (as determined
13 under the most recent Goldsmith Modification, originally
14 published in a notice of availability of funds in the *Federal*
15 *Register* on February 27, 1992, 57 *Fed. Reg.* 6725), to—

16 “(1) recruit emergency medical service personnel;

17 “(2) recruit volunteer emergency medical service
18 personnel;

19 “(3) train emergency medical service personnel
20 in emergency response, injury prevention, safety
21 awareness, and other topics relevant to the delivery of
22 emergency medical services;

23 “(4) fund specific training to meet Federal or
24 State certification requirements;

1 “(5) develop new ways to educate emergency
2 health care providers through the use of technology-en-
3 hanced educational methods (such as distance learn-
4 ing);

5 “(6) acquire emergency medical services equip-
6 ment, including cardiac defibrillators;

7 “(7) acquire personal protective equipment for
8 emergency medical services personnel as required by
9 the Occupational Safety and Health Administration;
10 and

11 “(8) educate the public concerning
12 cardiopulmonary resuscitation, first aid, injury pre-
13 vention, safety awareness, illness prevention, and
14 other related emergency preparedness topics.

15 “(d) *PREFERENCE*.—In awarding grants under this
16 section the Secretary shall give preference to—

17 “(1) applications that reflect a collaborative ef-
18 fort by 2 or more of the entities described in subpara-
19 graphs (A) through (F) of subsection (b)(1); and

20 “(2) applications submitted by entities that in-
21 tend to use amounts provided under the grant to fund
22 activities described in any of paragraphs (1) through
23 (5) of subsection (c).

24 “(e) *MATCHING REQUIREMENT*.—The Secretary may
25 not award a grant under this section to an entity unless

1 *the entity agrees that the entity will make available (di-*
 2 *rectly or through contributions from other public or private*
 3 *entities) non-Federal contributions toward the activities to*
 4 *be carried out under the grant in an amount equal to 25*
 5 *percent of the amount received under the grant.*

6 “(f) *EMERGENCY MEDICAL SERVICES.*—*In this sec-*
 7 *tion, the term ‘emergency medical services’—*

8 “(1) *means resources used by a qualified public*
 9 *or private nonprofit entity, or by any other entity*
 10 *recognized as qualified by the State involved, to de-*
 11 *liver medical care outside of a medical facility under*
 12 *emergency conditions that occur—*

13 “(A) *as a result of the condition of the pa-*
 14 *tient; or*

15 “(B) *as a result of a natural disaster or*
 16 *similar situation; and*

17 “(2) *includes services delivered by an emergency*
 18 *medical services provider (either compensated or vol-*
 19 *unteer) or other provider recognized by the State in-*
 20 *volved that is licensed or certified by the State as an*
 21 *emergency medical technician or its equivalent (as de-*
 22 *termined by the State), a registered nurse, a physi-*
 23 *cian assistant, or a physician that provides services*
 24 *similar to services provided by such an emergency*
 25 *medical services provider.*

1 “(g) *AUTHORIZATION OF APPROPRIATIONS.*—

2 “(1) *IN GENERAL.*—*There are authorized to be*
 3 *appropriated to carry out this section such sums as*
 4 *may be necessary for each of fiscal years 2002 through*
 5 *2006.*

6 “(2) *ADMINISTRATIVE COSTS.*—*The Secretary*
 7 *may use not more than 10 percent of the amount ap-*
 8 *propriated under paragraph (1) for a fiscal year for*
 9 *the administrative expenses of carrying out this sec-*
 10 *tion.*

11 **“SEC. 330K. MENTAL HEALTH SERVICES DELIVERED VIA**
 12 **TELEHEALTH.**

13 “(a) *DEFINITIONS.*—*In this section:*

14 “(1) *ELIGIBLE ENTITY.*—*The term ‘eligible enti-*
 15 *ty’ means a public or nonprofit private telehealth*
 16 *provider network that offers services that include*
 17 *mental health services provided by qualified mental*
 18 *health providers.*

19 “(2) *QUALIFIED MENTAL HEALTH PROFES-*
 20 *SIONALS.*—*The term ‘qualified mental health profes-*
 21 *sionals’ refers to providers of mental health services*
 22 *reimbursed under the medicare program carried out*
 23 *under title XVIII of the Social Security Act (42*
 24 *U.S.C. 1395 et seq.) who have additional training in*
 25 *the treatment of mental illness in children and adoles-*

1 *cents or who have additional training in the treat-*
 2 *ment of mental illness in the elderly.*

3 *“(3) SPECIAL POPULATIONS.—The term ‘special*
 4 *populations’ refers to the following 2 distinct groups:*

5 *“(A) Children and adolescents in mental*
 6 *health underserved rural areas or in mental*
 7 *health underserved urban areas.*

8 *“(B) Elderly individuals located in long-*
 9 *term care facilities in mental health underserved*
 10 *rural or urban areas.*

11 *“(4) TELEHEALTH.—The term ‘telehealth’ means*
 12 *the use of electronic information and telecommuni-*
 13 *cations technologies to support long distance clinical*
 14 *health care, patient and professional health-related*
 15 *education, public health, and health administration.*

16 *“(b) PROGRAM AUTHORIZED.—*

17 *“(1) IN GENERAL.—The Secretary, acting*
 18 *through the Director of the Office for the Advancement*
 19 *of Telehealth of the Health Resources and Services*
 20 *Administration, shall award grants to eligible entities*
 21 *to establish demonstration projects for the provision of*
 22 *mental health services to special populations as deliv-*
 23 *ered remotely by qualified mental health professionals*
 24 *using telehealth and for the provision of education re-*

1 *garding mental illness as delivered remotely by quali-*
 2 *fied mental health professionals using telehealth.*

3 “(2) *POPULATIONS SERVED.—The Secretary*
 4 *shall award the grants under paragraph (1) in a*
 5 *manner that distributes the grants so as to serve equi-*
 6 *tably the populations described in subparagraphs (A)*
 7 *and (B) of subsection (a)(4).*

8 “(c) *USE OF FUNDS.—*

9 “(1) *IN GENERAL.—An eligible entity that re-*
 10 *ceives a grant under this section shall use the grant*
 11 *funds—*

12 “(A) *for the populations described in sub-*
 13 *section (a)(4)(A)—*

14 “(i) *to provide mental health services,*
 15 *including diagnosis and treatment of men-*
 16 *tal illness, as delivered remotely by quali-*
 17 *fied mental health professionals using tele-*
 18 *health; and*

19 “(ii) *to collaborate with local public*
 20 *health entities to provide the mental health*
 21 *services; and*

22 “(B) *for the populations described in sub-*
 23 *section (a)(4)(B)—*

24 “(i) *to provide mental health services,*
 25 *including diagnosis and treatment of men-*

1 *tal illness, in long-term care facilities as de-*
 2 *livered remotely by qualified mental health*
 3 *professionals using telehealth; and*

4 *“(ii) to collaborate with local public*
 5 *health entities to provide the mental health*
 6 *services.*

7 *“(2) OTHER USES.—An eligible entity that re-*
 8 *ceives a grant under this section may also use the*
 9 *grant funds to—*

10 *“(A) pay telecommunications costs; and*

11 *“(B) pay qualified mental health profes-*
 12 *sionals on a reasonable cost basis as determined*
 13 *by the Secretary for services rendered.*

14 *“(3) PROHIBITED USES.—An eligible entity that*
 15 *receives a grant under this section shall not use the*
 16 *grant funds to—*

17 *“(A) purchase or install transmission*
 18 *equipment (other than such equipment used by*
 19 *qualified mental health professionals to deliver*
 20 *mental health services using telehealth under the*
 21 *project involved); or*

22 *“(B) build upon or acquire real property.*

23 *“(d) EQUITABLE DISTRIBUTION.—In awarding grants*
 24 *under this section, the Secretary shall ensure, to the greatest*

1 *extent possible, that such grants are equitably distributed*
 2 *among geographical regions of the United States.*

3 “(e) *APPLICATION.*—*An entity that desires a grant*
 4 *under this section shall submit an application to the Sec-*
 5 *retary at such time, in such manner, and containing such*
 6 *information as the Secretary determines to be reasonable.*

7 “(f) *REPORT.*—*Not later than 4 years after the date*
 8 *of enactment of the Health Care Safety Net Amendments*
 9 *of 2002, the Secretary shall prepare and submit to the ap-*
 10 *propriate committees of Congress a report that shall evalu-*
 11 *ate activities funded with grants under this section.*

12 “(g) *AUTHORIZATION OF APPROPRIATIONS.*—*There*
 13 *are authorized to be appropriated to carry out this section,*
 14 *\$20,000,000 for fiscal year 2002 and such sums as may be*
 15 *necessary for fiscal years 2003 through 2006.”.*

16 ***TITLE III—NATIONAL HEALTH*** 17 ***SERVICE CORPS PROGRAM***

18 ***SEC. 301. NATIONAL HEALTH SERVICE CORPS.***

19 (a) *IN GENERAL.*—*Section 331 of the Public Health*
 20 *Service Act (42 U.S.C. 254d) is amended—*

21 (1) *by adding at the end of subsection (a)(3) the*
 22 *following:*

23 “(E)(i) *The term ‘behavioral and mental health*
 24 *professionals’ means health service psychologists, li-*
 25 *censed clinical social workers, licensed professional*

1 counselors, marriage and family therapists, psy-
 2 chiatric nurse specialists, and psychiatrists.

3 “(ii) The term ‘graduate program of behavioral
 4 and mental health’ means a program that trains be-
 5 havioral and mental health professionals.”;

6 (2) in subsection (b)—

7 (A) in paragraph (1), by striking “health
 8 professions” and inserting “health professions,
 9 including schools at which graduate programs of
 10 behavioral and mental health are offered,”; and

11 (B) in paragraph (2), by inserting “behav-
 12 ioral and mental health professionals,” after
 13 “dentists,”; and

14 (3) by striking subsection (c) and inserting the
 15 following:

16 “(c)(1) The Secretary may reimburse an applicant for
 17 a position in the Corps (including an individual consid-
 18 ering entering into a written agreement pursuant to section
 19 338D) for the actual and reasonable expenses incurred in
 20 traveling to and from the applicant’s place of residence to
 21 an eligible site to which the applicant may be assigned
 22 under section 333 for the purpose of evaluating such site
 23 with regard to being assigned at such site. The Secretary
 24 may establish a maximum total amount that may be paid
 25 to an individual as reimbursement for such expenses.

1 “(2) *The Secretary may also reimburse the applicant*
 2 *for the actual and reasonable expenses incurred for the trav-*
 3 *el of 1 family member to accompany the applicant to such*
 4 *site. The Secretary may establish a maximum total amount*
 5 *that may be paid to an individual as reimbursement for*
 6 *such expenses.*

7 “(3) *In the case of an individual who has entered into*
 8 *a contract for obligated service under the Scholarship Pro-*
 9 *gram or under the Loan Repayment Program, the Sec-*
 10 *retary may reimburse such individual for all or part of the*
 11 *actual and reasonable expenses incurred in transporting the*
 12 *individual, the individual’s family, and the family’s posses-*
 13 *sions to the site of the individual’s assignment under section*
 14 *333. The Secretary may establish a maximum total amount*
 15 *that may be paid to an individual as reimbursement for*
 16 *such expenses.”.*

17 (b) *DEMONSTRATION PROJECTS.*—Section 331 of the
 18 *Public Health Service Act (42 U.S.C. 254d) is amended—*

19 (1) *by redesignating subsection (i) as subsection*
 20 (j); and

21 (2) *by inserting after subsection (h) the fol-*
 22 *lowing:*

23 “(i)(1) *In carrying out subpart III, the Secretary may,*
 24 *in accordance with this subsection, carry out demonstration*
 25 *projects in which individuals who have entered into a con-*

1 *tract for obligated service under the Loan Repayment Pro-*
 2 *gram receive waivers under which the individuals are au-*
 3 *thorized to satisfy the requirement of obligated service*
 4 *through providing clinical service that is not full-time.*

5 “(2) A waiver described in paragraph (1) may be pro-
 6 *vided by the Secretary only if—*

7 “(A) *the entity for which the service is to be*
 8 *performed—*

9 “(i) *has been approved under section 333A*
 10 *for assignment of a Corps member; and*

11 “(ii) *has requested in writing assignment of*
 12 *a health professional who would serve less than*
 13 *full time;*

14 “(B) *the Secretary has determined that assign-*
 15 *ment of a health professional who would serve less*
 16 *than full time would be appropriate for the area*
 17 *where the entity is located;*

18 “(C) *a Corps member who is required to perform*
 19 *obligated service has agreed in writing to be assigned*
 20 *for less than full-time service to an entity described*
 21 *in subparagraph (A);*

22 “(D) *the entity and the Corps member agree in*
 23 *writing that the less than full-time service provided*
 24 *by the Corps member will not be less than 16 hours*
 25 *of clinical service per week;*

1 “(E) the Corps member agrees in writing that
 2 the period of obligated service pursuant to section
 3 338B will be extended so that the aggregate amount
 4 of less than full-time service performed will equal the
 5 amount of service that would be performed through
 6 full-time service under section 338C; and

7 “(F) the Corps member agrees in writing that if
 8 the Corps member begins providing less than full-time
 9 service but fails to begin or complete the period of ob-
 10 ligated service, the method stated in 338E(c) for de-
 11 termining the damages for breach of the individual’s
 12 written contract will be used after converting periods
 13 of obligated service or of service performed into their
 14 full-time equivalents.

15 “(3) In evaluating a demonstration project described
 16 in paragraph (1), the Secretary shall examine the effect of
 17 multidisciplinary teams.”.

18 **SEC. 302. DESIGNATION OF HEALTH PROFESSIONAL**
 19 **SHORTAGE AREAS.**

20 (a) *IN GENERAL.*—Section 332 of the Public Health
 21 Service Act (42 U.S.C. 254e) is amended—

22 (1) in subsection (a)—

23 (A) in paragraph (1), by inserting after the
 24 first sentence the following: “All Federally quali-
 25 fied health centers and rural health clinics, as

defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)), that meet the requirements of section 334 shall be automatically designated as having such a shortage. Not earlier than 6 years after such date of enactment, and every 6 years thereafter, each such center or clinic shall demonstrate that the center or clinic meets the applicable requirements of the Federal regulations, issued after the date of enactment of this Act, that revise the definition of a health professional shortage area for purposes of this section.”; and

(B) in paragraph (3), by striking “340(r)) may be a population group” and inserting “330(h)(4)), seasonal agricultural workers (as defined in section 330(g)(3)) and migratory agricultural workers (as so defined)), and residents of public housing (as defined in section 3(b)(1) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(1))) may be population groups”;

(2) in subsection (b)(2), by striking “with special consideration to the indicators of” and all that follows through “services.” and inserting a period; and

1 (3) in subsection (c)(2)(B), by striking “XVIII or
2 XIX” and inserting “XVIII, XIX, or XXI”.

3 (b) *REGULATIONS.*—

4 (1) *REPORT.*—

5 (A) *IN GENERAL.*—*The Secretary shall sub-*
6 *mit the report described in subparagraph (B) if*
7 *the Secretary, acting through the Administrator*
8 *of the Health Resources and Services Adminis-*
9 *tration, issues—*

10 (i) *a regulation that revises the defini-*
11 *tion of a health professional shortage area*
12 *for purposes of section 332 of the Public*
13 *Health Service Act (42 U.S.C. 254e); or*

14 (ii) *a regulation that revises the stand-*
15 *ards concerning priority of such an area*
16 *under section 333A of that Act (42 U.S.C.*
17 *254f-1).*

18 (B) *REPORT.*—*On issuing a regulation de-*
19 *scribed in subparagraph (A), the Secretary shall*
20 *prepare and submit to the Committee on Energy*
21 *and Commerce of the House of Representatives*
22 *and the Committee on Health, Education, Labor,*
23 *and Pensions of the Senate a report that de-*
24 *scribes the regulation.*

1 (2) *EFFECTIVE DATE.*—*Each regulation de-*
 2 *scribed in paragraph (1)(A) shall take effect 180 days*
 3 *after the committees described in paragraph (1)(B)*
 4 *receive a report referred to in paragraph (1)(B) de-*
 5 *scribing the regulation.*

6 (c) *SCHOLARSHIP AND LOAN REPAYMENT PRO-*
 7 *GRAMS.*—*The Secretary of Health and Human Services, in*
 8 *consultation with organizations representing individuals in*
 9 *the dental field and organizations representing publicly*
 10 *funded health care providers, shall develop and implement*
 11 *a plan for increasing the participation of dentists and den-*
 12 *tal hygienists in the National Health Service Corps Schol-*
 13 *arship Program under section 338A of the Public Health*
 14 *Service Act (42 U.S.C. 254l) and the Loan Repayment Pro-*
 15 *gram under section 338B of such Act (42 U.S.C. 254l–1).*

16 (d) *SITE DESIGNATION PROCESS.*—

17 (1) *IMPROVEMENT OF DESIGNATION PROCESS.*—
 18 *The Administrator of the Health Resources and Serv-*
 19 *ices Administration, in consultation with the Associa-*
 20 *tion of State and Territorial Dental Directors, dental*
 21 *societies, and other interested parties, shall revise the*
 22 *criteria on which the designations of dental health*
 23 *professional shortage areas are based so that such cri-*
 24 *teria provide a more accurate reflection of oral health*
 25 *care need, particularly in rural areas.*

1 (2) *PUBLIC HEALTH SERVICE ACT.*—Section 332
 2 of the Public Health Service Act (42 U.S.C. 254e) is
 3 amended by adding at the end the following:

4 “(i) *DISSEMINATION.*—The Administrator of the
 5 Health Resources and Services Administration shall dis-
 6 seminate information concerning the designation criteria
 7 described in subsection (b) to—

8 “(1) the Governor of each State;

9 “(2) the representative of any area, population
 10 group, or facility selected by any such Governor to re-
 11 ceive such information;

12 “(3) the representative of any area, population
 13 group, or facility that requests such information; and

14 “(4) the representative of any area, population
 15 group, or facility determined by the Administrator to
 16 be likely to meet the criteria described in subsection
 17 (b).”.

18 (e) *GAO STUDY.*—Not later than February 1, 2005,
 19 the Comptroller General of the United States shall submit
 20 to the Congress a report on the appropriateness of the cri-
 21 teria, including but not limited to infant mortality rates,
 22 access to health services taking into account the distance
 23 to primary health services, the rate of poverty and ability
 24 to pay for health services, and low birth rates, established
 25 by the Secretary of Health and Human Services for the des-

1 *ignation of health professional shortage areas and whether*
 2 *the deeming of Federally qualified health centers and rural*
 3 *health clinics as such areas is appropriate and necessary.*

4 ***SEC. 303. ASSIGNMENT OF CORPS PERSONNEL.***

5 *Section 333 of the Public Health Service Act (42*
 6 *U.S.C. 254f) is amended—*

7 *(1) in subsection (a)—*

8 *(A) in paragraph (1)—*

9 *(i) in the matter before subparagraph*
 10 *(A), by striking “(specified in the agreement*
 11 *described in section 334)”;*

12 *(ii) in subparagraph (A), by striking*
 13 *“nonprofit”; and*

14 *(iii) by striking subparagraph (C) and*
 15 *inserting the following:*

16 *“(C) the entity agrees to comply with the*
 17 *requirements of section 334; and”;* and

18 *(B) in paragraph (3), by adding at the end*
 19 *“In approving such applications, the Secretary*
 20 *shall give preference to applications in which a*
 21 *nonprofit entity or public entity shall provide a*
 22 *site to which Corps members may be assigned.”;*
 23 *and*

24 *(2) in subsection (d)—*

1 (A) in paragraphs (1), (2), and (4), by
 2 striking “nonprofit” each place it appears; and

3 (B) in paragraph (1),

4 (i) in the second sentence—

5 (I) in subparagraph (C), by strik-
 6 ing “and” at the end; and

7 (II) by striking the period and in-
 8 serting “, and (E) developing long-
 9 term plans for addressing health pro-
 10 fessional shortages and improving ac-
 11 cess to health care.”; and

12 (ii) by adding at the end the following:

13 “The Secretary shall encourage entities that
 14 receive technical assistance under this para-
 15 graph to communicate with other commu-
 16 nities, State Offices of Rural Health, State
 17 Primary Care Associations and Offices, and
 18 other entities concerned with site develop-
 19 ment and community needs assessment.”.

20 **SEC. 304. PRIORITIES IN ASSIGNMENT OF CORPS PER-**
 21 **SONNEL.**

22 Section 333A of the Public Health Service Act (42
 23 U.S.C. 254f-1) is amended—

24 (1) in subsection (a)(1)(A), by striking “, as de-
 25 termined in accordance with subsection (b)”;

1 (2) *by striking subsection (b);*

2 (3) *in subsection (c), by striking the second sen-*
3 *tence;*

4 (4) *in subsection (d)—*

5 (A) *by redesignating paragraphs (1)*
6 *through (3) as paragraphs (2) through (4), re-*
7 *spectively;*

8 (B) *by inserting before paragraph (2) (as*
9 *redesignated by subparagraph (A)) the following:*

10 “(1) *PROPOSED LIST.—The Secretary shall pre-*
11 *pare and publish a proposed list of health professional*
12 *shortage areas and entities that would receive priority*
13 *under subsection (a)(1) in the assignment of Corps*
14 *members. The list shall contain the information de-*
15 *scribed in paragraph (2), and the relative scores and*
16 *relative priorities of the entities submitting applica-*
17 *tions under section 333, in a proposed format. All*
18 *such entities shall have 30 days after the date of pub-*
19 *lication of the list to provide additional data and in-*
20 *formation in support of inclusion on the list or in*
21 *support of a higher priority determination and the*
22 *Secretary shall reasonably consider such data and in-*
23 *formation in preparing the final list under para-*
24 *graph (2).”;*

1 (C) in paragraph (2) (as redesignated by
2 subparagraph (A)), in the matter before subpara-
3 graph (A)—

4 (i) by striking “paragraph (2)” and
5 inserting “paragraph (3)”;

6 (ii) by striking “prepare a list of
7 health professional shortage areas” and in-
8 serting “prepare and, as appropriate, up-
9 date a list of health professional shortage
10 areas and entities”; and

11 (iii) by striking “for the period appli-
12 cable under subsection (f)”;

13 (D) by striking paragraph (3) (as redesign-
14 ated by subparagraph (A)) and inserting the
15 following:

16 “(3) NOTIFICATION OF AFFECTED PARTIES.—

17 “(A) ENTITIES.—Not later than 30 days
18 after the Secretary has added to a list under
19 paragraph (2) an entity specified as described in
20 subparagraph (A) of such paragraph, the Sec-
21 retary shall notify such entity that the entity has
22 been provided an authorization to receive assign-
23 ments of Corps members in the event that Corps
24 members are available for the assignments.

1 “(B) *INDIVIDUALS.—In the case of an indi-*
 2 *vidual obligated to provide service under the*
 3 *Scholarship Program, not later than 3 months*
 4 *before the date described in section 338C(b)(5),*
 5 *the Secretary shall provide to such individual*
 6 *the names of each of the entities specified as de-*
 7 *scribed in paragraph (2)(B)(i) that is appro-*
 8 *priate for the individual’s medical specialty and*
 9 *discipline.”; and*

10 *(E) by striking paragraph (4) (as redesign-*
 11 *ated by subparagraph (A)) and inserting the*
 12 *following:*

13 “(4) *REVISIONS.—If the Secretary proposes to*
 14 *make a revision in the list under paragraph (2), and*
 15 *the revision would adversely alter the status of an en-*
 16 *tity with respect to the list, the Secretary shall notify*
 17 *the entity of the revision. Any entity adversely af-*
 18 *ected by such a revision shall be notified in writing*
 19 *by the Secretary of the reasons for the revision and*
 20 *shall have 30 days to file a written appeal of the de-*
 21 *termination involved which shall be reasonably con-*
 22 *sidered by the Secretary before the revision to the list*
 23 *becomes final. The revision to the list shall be effective*
 24 *with respect to assignment of Corps members begin-*
 25 *ning on the date that the revision becomes final.”;*

1 (5) *by striking subsection (e) and inserting the*
 2 *following:*

3 “(e) *LIMITATION ON NUMBER OF ENTITIES OFFERED*
 4 *AS ASSIGNMENT CHOICES IN SCHOLARSHIP PROGRAM.—*

5 “(1) *DETERMINATION OF AVAILABLE CORPS*
 6 *MEMBERS.—By April 1 of each calendar year, the*
 7 *Secretary shall determine the number of participants*
 8 *in the Scholarship Program who will be available for*
 9 *assignments under section 333 during the program*
 10 *year beginning on July 1 of that calendar year.*

11 “(2) *DETERMINATION OF NUMBER OF ENTI-*
 12 *TIES.—At all times during a program year, the num-*
 13 *ber of entities specified under subsection (c)(2)(B)(i)*
 14 *shall be—*

15 “(A) *not less than the number of partici-*
 16 *pants determined with respect to that program*
 17 *year under paragraph (1); and*

18 “(B) *not greater than twice the number of*
 19 *participants determined with respect to that pro-*
 20 *gram year under paragraph (1).”;*

21 (6) *by striking subsection (f); and*

22 (7) *by redesignating subsections (c), (d), and (e)*
 23 *as subsections (b), (c), and (d) respectively.*

1 **SEC. 305. COST-SHARING.**

2 *Subpart II of part D of title III of the Public Health*
 3 *Service Act (42 U.S.C. 254d et seq.) is amended by striking*
 4 *section 334 and inserting the following:*

5 **“SEC. 334. CHARGES FOR SERVICES BY ENTITIES USING**
 6 **CORPS MEMBERS.**

7 *“(a) AVAILABILITY OF SERVICES REGARDLESS OF*
 8 *ABILITY TO PAY OR PAYMENT SOURCE.—An entity to*
 9 *which a Corps member is assigned shall not deny requested*
 10 *health care services, and shall not discriminate in the provi-*
 11 *sion of services to an individual—*

12 *“(1) because the individual is unable to pay for*
 13 *the services; or*

14 *“(2) because payment for the services would be*
 15 *made under—*

16 *“(A) the medicare program under title*
 17 *XVIII of the Social Security Act (42 U.S.C.*
 18 *1395 et seq.);*

19 *“(B) the medicaid program under title XIX*
 20 *of such Act (42 U.S.C. 1396 et seq.); or*

21 *“(C) the State children’s health insurance*
 22 *program under title XXI of such Act (42 U.S.C.*
 23 *1397aa et seq.).*

24 *“(b) CHARGES FOR SERVICES.—The following rules*
 25 *shall apply to charges for health care services provided by*
 26 *an entity to which a Corps member is assigned:*

1 “(1) *IN GENERAL.*—

2 “(A) *SCHEDULE OF FEES OR PAYMENTS.*—
3 *Except as provided in paragraph (2), the entity*
4 *shall prepare a schedule of fees or payments for*
5 *the entity’s services, consistent with locally pre-*
6 *vailing rates or charges and designed to cover the*
7 *entity’s reasonable cost of operation.*

8 “(B) *SCHEDULE OF DISCOUNTS.*—*Except as*
9 *provided in paragraph (2), the entity shall pre-*
10 *pare a corresponding schedule of discounts (in-*
11 *cluding, in appropriate cases, waivers) to be ap-*
12 *plied to such fees or payments. In preparing the*
13 *schedule, the entity shall adjust the discounts on*
14 *the basis of a patient’s ability to pay.*

15 “(C) *USE OF SCHEDULES.*—*The entity shall*
16 *make every reasonable effort to secure from pa-*
17 *tients fees and payments for services in accord-*
18 *ance with such schedules, and fees or payments*
19 *shall be sufficiently discounted in accordance*
20 *with the schedule described in subparagraph (B).*

21 “(2) *SERVICES TO BENEFICIARIES OF FEDERAL*
22 *AND FEDERALLY ASSISTED PROGRAMS.*—*In the case of*
23 *health care services furnished to an individual who is*
24 *a beneficiary of a program listed in subsection (a)(2),*
25 *the entity—*

1 “(A) shall accept an assignment pursuant
 2 to section 1842(b)(3)(B)(ii) of the Social Secu-
 3 rity Act (42 U.S.C. 1395u(b)(3)(B)(ii)) with re-
 4 spect to an individual who is a beneficiary
 5 under the medicare program; and

6 “(B) shall enter into an appropriate agree-
 7 ment with—

8 “(i) the State agency administering the
 9 program under title XIX of such Act with
 10 respect to an individual who is a bene-
 11 ficiary under the medicaid program; and

12 “(ii) the State agency administering
 13 the program under title XXI of such Act
 14 with respect to an individual who is a bene-
 15 ficiary under the State children’s health in-
 16 surance program.

17 “(3) COLLECTION OF PAYMENTS.—The entity
 18 shall take reasonable and appropriate steps to collect
 19 all payments due for health care services provided by
 20 the entity, including payments from any third party
 21 (including a Federal, State, or local government agen-
 22 cy and any other third party) that is responsible for
 23 part or all of the charge for such services.”.

1 **SEC. 306. ELIGIBILITY FOR FEDERAL FUNDS.**

2 Section 335(e)(1)(B) of the Public Health Service Act
3 (42 U.S.C. 254h(e)(1)(B)) is amended by striking “XVIII
4 or XIX” and inserting “XVIII, XIX, or XXI”.

5 **SEC. 307. FACILITATION OF EFFECTIVE PROVISION OF**
6 **CORPS SERVICES.**

7 (a) *HEALTH PROFESSIONAL SHORTAGE AREAS.*—Sec-
8 tion 336 of the Public Health Service Act (42 U.S.C. 254h-
9 1) is amended—

10 (1) in subsection (c), by striking “health man-
11 power” and inserting “health professional”; and

12 (2) in subsection (f)(1), by striking “health man-
13 power” and inserting “health professional”.

14 (b) *TECHNICAL AMENDMENT.*—Section 336A(8) of the
15 Public Health Service Act (42 U.S.C. 254i(8)) is amended
16 by striking “agreements under”.

17 **SEC. 308. AUTHORIZATION OF APPROPRIATIONS.**

18 Section 338(a) of the Public Health Service Act (42
19 U.S.C. 254k(a)) is amended—

20 (1) by striking “(1) For” and inserting “For”;

21 (2) by striking “1991 through 2000” and insert-
22 ing “2002 through 2006”; and

23 (3) by striking paragraph (2).

1 **SEC. 309. NATIONAL HEALTH SERVICE CORPS SCHOLAR-**
 2 **SHIP PROGRAM.**

3 *Section 338A of the Public Health Service Act (42*
 4 *U.S.C. 254l) is amended—*

5 *(1) in subsection (a)(1), by inserting “behavioral*
 6 *and mental health professionals,” after “dentists,”;*

7 *(2) in subsection (b)(1)(B), by inserting “, or an*
 8 *appropriate degree from a graduate program of be-*
 9 *havioral and mental health” after “other health pro-*
 10 *fession”;*

11 *(3) in subsection (c)(1)—*

12 *(A) in subparagraph (A), by striking*
 13 *“338D” and inserting “338E”; and*

14 *(B) in subparagraph (B), by striking*
 15 *“338C” and inserting “338D”;*

16 *(4) in subsection (d)(1)—*

17 *(A) in subparagraph (A), by striking “and”*
 18 *at the end;*

19 *(B) by redesignating subparagraph (B) as*
 20 *subparagraph (C); and*

21 *(C) by inserting after subparagraph (A) the*
 22 *following:*

23 *“(B) the Secretary, in considering applica-*
 24 *tions from individuals accepted for enrollment or*
 25 *enrolled in dental school, shall consider applica-*
 26 *tions from all individuals accepted for enroll-*

ment or enrolled in any accredited dental school
in a State; and”;

(5) in subsection (f)—

(A) in paragraph (1)(B)—

(i) in clause (iii), by striking “and”
after the semicolon;

(ii) by redesignating clause (iv) as
clause (v); and

(iii) by inserting after clause (iii) the
following new clause:

“(iv) if pursuing a degree from a
school of medicine or osteopathic medicine,
to complete a residency in a specialty that
the Secretary determines is consistent with
the needs of the Corps; and”; and

(B) in paragraph (3), by striking “338D”
and inserting “338E”; and

(6) by striking subsection (i).

**SEC. 310. NATIONAL HEALTH SERVICE CORPS LOAN REPAY-
MENT PROGRAM.**

Section 338B of the Public Health Service Act (42
U.S.C. 254l-1) is amended—

(1) in subsection (a)—

1 (A) in paragraph (1), by inserting “behav-
 2 ioral and mental health professionals,” after
 3 “dentists,”; and

4 (B) in paragraph (2), by striking “(includ-
 5 ing mental health professionals)”;

6 (2) in subsection (b)(1), by striking subpara-
 7 graph (A) and inserting the following:

8 “(A) have a degree in medicine, osteopathic med-
 9 icine, dentistry, or another health profession, or an
 10 appropriate degree from a graduate program of be-
 11 havioral and mental health, or be certified as a nurse
 12 midwife, nurse practitioner, or physician assistant;”;

13 (3) in subsection (e), by striking “(1) IN GEN-
 14 ERAL.—”; and

15 (4) by striking subsection (i).

16 **SEC. 311. OBLIGATED SERVICE.**

17 Section 338C of the Public Health Service Act (42
 18 U.S.C. 254m) is amended—

19 (1) in subsection (b)—

20 (A) in paragraph (1), in the matter pre-
 21 ceding subparagraph (A), by striking “section
 22 338A(f)(1)(B)(iv)” and inserting “section
 23 338A(f)(1)(B)(v)”;

24 (B) in paragraph (5)—

1 (i) by striking all that precedes sub-
 2 paragraph (C) and inserting the following:

3 “(5)(A) In the case of the Scholarship Program, the
 4 date referred to in paragraphs (1) through (4) shall be the
 5 date on which the individual completes the training re-
 6 quired for the degree for which the individual receives the
 7 scholarship, except that—

8 “(i) for an individual receiving such a degree
 9 after September 30, 2000, from a school of medicine
 10 or osteopathic medicine, such date shall be the date
 11 the individual completes a residency in a specialty
 12 that the Secretary determines is consistent with the
 13 needs of the Corps; and

14 “(ii) at the request of an individual, the Sec-
 15 retary may, consistent with the needs of the Corps,
 16 defer such date until the end of a period of time re-
 17 quired for the individual to complete advanced train-
 18 ing (including an internship or residency).”;

19 (ii) by striking subparagraph (D);

20 (iii) by redesignating subparagraphs
 21 (C) and (E) as subparagraphs (B) and (C),
 22 respectively; and

23 (iv) in clause (i) of subparagraph (C)
 24 (as redesignated by clause (iii)) by striking

1 “subparagraph (A), (B), or (D)” and in-
 2 serting “subparagraph (A)”; and
 3 (2) by striking subsection (e).

4 **SEC. 312. PRIVATE PRACTICE.**

5 Section 338D of the Public Health Service Act (42
 6 U.S.C. 254n) is amended by striking subsection (b) and in-
 7 serting the following:

8 “(b)(1) The written agreement described in subsection
 9 (a) shall—

10 “(A) provide that, during the period of private
 11 practice by an individual pursuant to the agreement,
 12 the individual shall comply with the requirements of
 13 section 334 that apply to entities; and

14 “(B) contain such additional provisions as the
 15 Secretary may require to carry out the objectives of
 16 this section.

17 “(2) The Secretary shall take such action as may be
 18 appropriate to ensure that the conditions of the written
 19 agreement prescribed by this subsection are adhered to.”.

20 **SEC. 313. BREACH OF SCHOLARSHIP CONTRACT OR LOAN**
 21 **REPAYMENT CONTRACT.**

22 (a) *IN GENERAL.*—Section 338E of the Public Health
 23 Service Act (42 U.S.C. 254o) is amended—

24 (1) in subsection (a)(1)—

1 (A) in subparagraph (A), by striking the
2 comma and inserting a semicolon;

3 (B) in subparagraph (B), by striking the
4 comma and inserting “; or”;

5 (C) in subparagraph (C), by striking “or”
6 at the end; and

7 (D) by striking subparagraph (D);

8 (2) in subsection (b)—

9 (A) in paragraph (1)(A)—

10 (i) by striking “338F(d)” and insert-
11 ing “338G(d)”;

12 (ii) by striking “either”;

13 (iii) by striking “338D or” and insert-
14 ing “338D,”; and

15 (iv) by inserting “or to complete a re-
16 quired residency as specified in section
17 338A(f)(1)(B)(iv),” before “the United
18 States”; and

19 (B) by adding at the end the following new
20 paragraph:

21 “(3) The Secretary may terminate a contract with an
22 individual under section 338A if, not later than 30 days
23 before the end of the school year to which the contract per-
24 tains, the individual—

1 “(A) submits a written request for such termi-
2 nation; and

3 “(B) repays all amounts paid to, or on behalf of,
4 the individual under section 338A(g).”;

5 (3) in subsection (c)—

6 (A) in paragraph (1)—

7 (i) in the matter preceding subpara-
8 graph (A), by striking “338F(d)” and in-
9 serting “338G(d)”; and

10 (ii) by striking subparagraphs (A)
11 through (C) and inserting the following:

12 “(A) the total of the amounts paid by the
13 United States under section 338B(g) on behalf of
14 the individual for any period of obligated service
15 not served;

16 “(B) an amount equal to the product of the
17 number of months of obligated service that were
18 not completed by the individual, multiplied by
19 \$7,500; and

20 “(C) the interest on the amounts described
21 in subparagraphs (A) and (B), at the maximum
22 legal prevailing rate, as determined by the
23 Treasurer of the United States, from the date of
24 the breach;

1 *“except that the amount the United States is entitled*
 2 *to recover under this paragraph shall not be less than*
 3 *\$31,000.”;*

4 *(B) by striking paragraphs (2) and (3) and*
 5 *inserting the following:*

6 *“(2) The Secretary may terminate a contract with an*
 7 *individual under section 338B if, not later than 45 days*
 8 *before the end of the fiscal year in which the contract was*
 9 *entered into, the individual—*

10 *“(A) submits a written request for such termi-*
 11 *nation; and*

12 *“(B) repays all amounts paid on behalf of the*
 13 *individual under section 338B(g).”;* and

14 *(C) by redesignating paragraph (4) as*
 15 *paragraph (3);*

16 *(4) in subsection (d)(3)(A), by striking “only if*
 17 *such discharge is granted after the expiration of the*
 18 *five-year period” and inserting “only if such dis-*
 19 *charge is granted after the expiration of the 7-year*
 20 *period”;* and

21 *(5) by adding at the end the following new sub-*
 22 *section:*

23 *“(e) Notwithstanding any other provision of Federal*
 24 *or State law, there shall be no limitation on the period*
 25 *within which suit may be filed, a judgment may be en-*

1 *forced, or an action relating to an offset or garnishment,*
 2 *or other action, may be initiated or taken by the Secretary,*
 3 *the Attorney General, or the head of another Federal agency,*
 4 *as the case may be, for the repayment of the amount due*
 5 *from an individual under this section.”.*

6 (b) *EFFECTIVE DATE.*—*The amendment made by sub-*
 7 *section (a)(4) shall apply to any obligation for which a dis-*
 8 *charge in bankruptcy has not been granted before the date*
 9 *that is 31 days after the date of enactment of this Act.*

10 **SEC. 314. AUTHORIZATION OF APPROPRIATIONS.**

11 *Section 338H of the Public Health Service Act (42*
 12 *U.S.C. 254q) is amended to read as follows:*

13 **“SEC. 338H. AUTHORIZATION OF APPROPRIATIONS.**

14 *“(a) AUTHORIZATION OF APPROPRIATIONS.—For the*
 15 *purposes of carrying out this subpart, there are authorized*
 16 *to be appropriated \$146,250,000 for fiscal year 2002, and*
 17 *such sums as may be necessary for each of fiscal years 2003*
 18 *through 2006.*

19 *“(b) SCHOLARSHIPS FOR NEW PARTICIPANTS.—Of the*
 20 *amounts appropriated under subsection (a) for a fiscal*
 21 *year, the Secretary shall obligate not less than 10 percent*
 22 *for the purpose of providing contracts for—*

23 *“(1) scholarships under this subpart to individ-*
 24 *uals who have not previously received such scholar-*
 25 *ships; or*

1 “(2) *scholarships or loan repayments under the*
 2 *Loan Repayment Program under section 338B to in-*
 3 *dividuals from disadvantaged backgrounds.*

4 “(c) *SCHOLARSHIPS AND LOAN REPAYMENTS.—With*
 5 *respect to certification as a nurse practitioner, nurse mid-*
 6 *wife, or physician assistant, the Secretary shall, from*
 7 *amounts appropriated under subsection (a) for a fiscal*
 8 *year, obligate not less than a total of 10 percent for con-*
 9 *tracts for both scholarships under the Scholarship Program*
 10 *under section 338A and loan repayments under the Loan*
 11 *Repayment Program under section 338B to individuals*
 12 *who are entering the first year of a course of study or pro-*
 13 *gram described in section 338A(b)(1)(B) that leads to such*
 14 *a certification or individuals who are eligible for the loan*
 15 *repayment program as specified in section 338B(b) for a*
 16 *loan related to such certification.”.*

17 **SEC. 315. GRANTS TO STATES FOR LOAN REPAYMENT PRO-**
 18 **GRAMS.**

19 *Section 338I of the Public Health Service Act (42*
 20 *U.S.C. 254q-1) is amended—*

21 *(1) in subsection (a), by striking paragraph (1)*
 22 *and inserting the following:*

23 “(1) *AUTHORITY FOR GRANTS.—The Secretary,*
 24 *acting through the Administrator of the Health Re-*
 25 *sources and Services Administration, may make*

1 *grants to States for the purpose of assisting the States*
 2 *in operating programs described in paragraph (2) in*
 3 *order to provide for the increased availability of pri-*
 4 *mary health care services in health professional short-*
 5 *age areas. The National Advisory Council established*
 6 *under section 337 shall advise the Administrator re-*
 7 *garding the program under this section.”;*

8 *(2) in subsection (e), by striking paragraph (1)*
 9 *and inserting the following:*

10 *“(1) to submit to the Secretary such reports re-*
 11 *garding the States loan repayment program, as are*
 12 *determined to be appropriate by the Secretary; and”;*
 13 *and*

14 *(3) in subsection (i), by striking paragraph (1)*
 15 *and inserting the following:*

16 *“(1) IN GENERAL.—For the purpose of making*
 17 *grants under subsection (a), there are authorized to be*
 18 *appropriated \$12,000,000 for fiscal year 2002 and*
 19 *such sums as may be necessary for each of fiscal years*
 20 *2003 through 2006.”.*

21 **SEC. 316. DEMONSTRATION GRANTS TO STATES FOR COM-**
 22 **MUNITY SCHOLARSHIP PROGRAMS.**

23 *Section 338L of the Public Health Service Act (42*
 24 *U.S.C. 254t) is repealed.*

1 **SEC. 317. DEMONSTRATION PROJECT.**

2 *Subpart III of part D of title III of the Public Health*
 3 *Service Act (42 U.S.C. 254l et seq.) is amended by adding*
 4 *at the end the following:*

5 **“SEC. 338L. DEMONSTRATION PROJECT.**

6 “(a) *PROGRAM AUTHORIZED.*—*The Secretary shall es-*
 7 *tablish a demonstration project to provide for the participa-*
 8 *tion of individuals who are chiropractic doctors or phar-*
 9 *macists in the Loan Repayment Program described in sec-*
 10 *tion 338B.*

11 “(b) *PROCEDURE.*—*An individual that receives assist-*
 12 *ance under this section with regard to the program de-*
 13 *scribed in section 338B shall comply with all rules and re-*
 14 *quirements described in such section (other than subpara-*
 15 *graphs (A) and (B) of section 338B(b)(1)) in order to re-*
 16 *ceive assistance under this section.*

17 “(c) *LIMITATIONS.*—

18 “(1) *IN GENERAL.*—*The demonstration project*
 19 *described in this section shall provide for the partici-*
 20 *pation of individuals who shall provide services in*
 21 *rural and urban areas.*

22 “(2) *AVAILABILITY OF OTHER HEALTH PROFES-*
 23 *SIONALS.*—*The Secretary may not assign an indi-*
 24 *vidual receiving assistance under this section to pro-*
 25 *vide obligated service at a site unless—*

1 “(A) the Secretary has assigned a physician
 2 (as defined in section 1861(r) of the Social Secu-
 3 rity Act) or other health professional licensed to
 4 prescribe drugs to provide obligated service at
 5 such site under section 338C or 338D; and

6 “(B) such physician or other health profes-
 7 sional will provide obligated service at such site
 8 concurrently with the individual receiving assist-
 9 ance under this section.

10 “(3) RULES OF CONSTRUCTION.—

11 “(A) SUPERVISION OF INDIVIDUALS.—Noth-
 12 ing in this section shall be construed to require
 13 or imply that a physician or other health profes-
 14 sional licensed to prescribe drugs must supervise
 15 an individual receiving assistance under the
 16 demonstration project under this section, with
 17 respect to such project.

18 “(B) LICENSURE OF HEALTH PROFES-
 19 SIONALS.—Nothing in this section shall be con-
 20 strued to supersede State law regarding licensure
 21 of health professionals.

22 “(d) DESIGNATIONS.—The demonstration project de-
 23 scribed in this section, and any providers who are selected
 24 to participate in such project, shall not be considered by
 25 the Secretary in the designation of a health professional

1 *shortage area under section 332 during fiscal years 2002*
 2 *through 2004.*

3 “(e) *RULE OF CONSTRUCTION.*—*This section shall not*
 4 *be construed to require any State to participate in the*
 5 *project described in this section.*

6 “(f) *REPORT.*—

7 “(1) *IN GENERAL.*—*The Secretary shall evaluate*
 8 *the participation of individuals in the demonstration*
 9 *projects under this section and prepare and submit a*
 10 *report containing the information described in para-*
 11 *graph (2) to—*

12 “(A) *the Committee on Health, Education,*
 13 *Labor, and Pensions of the Senate;*

14 “(B) *the Subcommittee on Labor, Health*
 15 *and Human Services, and Education of the*
 16 *Committee on Appropriations of the Senate;*

17 “(C) *the Committee on Energy and Com-*
 18 *merce of the House of Representatives; and*

19 “(D) *the Subcommittee on Labor, Health*
 20 *and Human Services, and Education of the*
 21 *Committee on Appropriations of the House of*
 22 *Representatives.*

23 “(2) *CONTENT.*—*The report described in para-*
 24 *graph (1) shall detail—*

1 “(A) *the manner in which the demonstra-*
 2 *tion project described in this section has affected*
 3 *access to primary care services, patient satisfac-*
 4 *tion, quality of care, and health care services*
 5 *provided for traditionally underserved popu-*
 6 *lations;*

7 “(B) *how the participation of chiropractic*
 8 *doctors and pharmacists in the Loan Repayment*
 9 *Program might affect the designation of health*
 10 *professional shortage areas; and*

11 “(C) *whether adding chiropractic doctors*
 12 *and pharmacists as permanent members of the*
 13 *National Health Service Corps would be feasible*
 14 *and would enhance the effectiveness of the Na-*
 15 *tional Health Service Corps.*

16 “(g) *AUTHORIZATION OF APPROPRIATIONS.—*

17 “(1) *IN GENERAL.—There are authorized to be*
 18 *appropriated to carry out this section, such sums as*
 19 *may be necessary for fiscal years 2002 through 2004.*

20 “(2) *FISCAL YEAR 2005.—If the Secretary deter-*
 21 *mines and certifies to Congress by not later than Sep-*
 22 *tember 30, 2004, that the number of individuals par-*
 23 *ticipating in the demonstration project established*
 24 *under this section is insufficient for purposes of per-*
 25 *forming the evaluation described in subsection (f)(1),*

1 *the authorization of appropriations under paragraph*
 2 *(1) shall be extended to include fiscal year 2005.”.*

3 **TITLE IV—HEALTHY COMMU-**
 4 **NITIES ACCESS PROGRAM**

5 **SEC. 401. PURPOSE.**

6 *The purpose of this title is to provide assistance to*
 7 *communities and consortia of health care providers and*
 8 *others, to develop or strengthen integrated community*
 9 *health care delivery systems that coordinate health care*
 10 *services for individuals who are uninsured or underinsured*
 11 *and to develop or strengthen activities related to providing*
 12 *coordinated care for individuals with chronic conditions*
 13 *who are uninsured or underinsured, through the—*

14 *(1) coordination of services to allow individuals*
 15 *to receive efficient and higher quality care and to*
 16 *gain entry into and receive services from a com-*
 17 *prehensive system of care;*

18 *(2) development of the infrastructure for a health*
 19 *care delivery system characterized by effective collabo-*
 20 *ration, information sharing, and clinical and finan-*
 21 *cial coordination among all providers of care in the*
 22 *community; and*

23 *(3) provision of new Federal resources that do*
 24 *not supplant funding for existing Federal categorical*

1 *programs that support entities providing services to*
 2 *low-income populations.*

3 **SEC. 402. CREATION OF HEALTHY COMMUNITIES ACCESS**
 4 **PROGRAM.**

5 *Part D of title III of the Public Health Service Act*
 6 *(42 U.S.C. 254b et seq.) is amended by inserting after sub-*
 7 *part IV the following new subpart:*

8 **“Subpart V—Healthy Communities Access Program**

9 **“SEC. 340. GRANTS TO STRENGTHEN THE EFFECTIVENESS,**
 10 **EFFICIENCY, AND COORDINATION OF SERV-**
 11 **ICES FOR THE UNINSURED AND UNDER-**
 12 **INSURED.**

13 *“(a) IN GENERAL.—The Secretary may award grants*
 14 *to eligible entities to assist in the development of integrated*
 15 *health care delivery systems to serve communities of indi-*
 16 *viduals who are uninsured and individuals who are*
 17 *underinsured—*

18 *“(1) to improve the efficiency of, and coordina-*
 19 *tion among, the providers providing services through*
 20 *such systems;*

21 *“(2) to assist communities in developing pro-*
 22 *grams targeted toward preventing and managing*
 23 *chronic diseases; and*

24 *“(3) to expand and enhance the services provided*
 25 *through such systems.*

1 “(b) *ELIGIBLE ENTITIES*.—To be eligible to receive a
2 grant under this section, an entity shall be an entity that—

3 “(1) represents a consortium—

4 “(A) whose principal purpose is to provide
5 a broad range of coordinated health care services
6 for a community defined in the entity’s grant
7 application as described in paragraph (2); and

8 “(B) that includes at least one of each of the
9 following providers that serve the community
10 (unless such provider does not exist within the
11 community, declines or refuses to participate, or
12 places unreasonable conditions on their partici-
13 pation):

14 “(i) a Federally qualified health center
15 (as defined in section 1861(aa) of the Social
16 Security Act (42 U.S.C. 1395x(aa)));

17 “(ii) a hospital with a low-income uti-
18 lization rate (as defined in section
19 1923(b)(3) of the Social Security Act (42
20 U.S.C. 1396r–4(b)(3)), that is greater than
21 25 percent;

22 “(iii) a public health department; and

23 “(iv) an interested public or private
24 sector health care provider or an organiza-

1 *tion that has traditionally served the medi-*
2 *cally uninsured and underserved; and*

3 *“(2) submits to the Secretary an application, in*
4 *such form and manner as the Secretary shall pre-*
5 *scribe, that—*

6 *“(A) defines a community or geographic*
7 *area of uninsured and underinsured individuals;*

8 *“(B) identifies the providers who will par-*
9 *ticipate in the consortium’s program under the*
10 *grant, and specifies each provider’s contribution*
11 *to the care of uninsured and underinsured indi-*
12 *viduals in the community, including the volume*
13 *of care the provider provides to beneficiaries*
14 *under the medicare, medicaid, and State child*
15 *health insurance programs and to patients who*
16 *pay privately for services;*

17 *“(C) describes the activities that the appli-*
18 *cant and the consortium propose to perform*
19 *under the grant to further the objectives of this*
20 *section;*

21 *“(D) demonstrates the consortium’s ability*
22 *to build on the current system (as of the date of*
23 *submission of the application) for serving a com-*
24 *munity or geographic area of uninsured and*
25 *underinsured individuals by involving providers*

1 *who have traditionally provided a significant*
2 *volume of care for that community;*

3 “(E) demonstrates the consortium’s ability
4 *to develop coordinated systems of care that either*
5 *directly provide or ensure the prompt provision*
6 *of a broad range of high-quality, accessible serv-*
7 *ices, including, as appropriate, primary, sec-*
8 *ondary, and tertiary services, as well as sub-*
9 *stance abuse treatment and mental health serv-*
10 *ices in a manner that assures continuity of care*
11 *in the community or geographic area;*

12 “(F) provides evidence of community in-
13 *volvement in the development, implementation,*
14 *and direction of the program that the entity pro-*
15 *poses to operate;*

16 “(G) demonstrates the consortium’s ability
17 *to ensure that individuals participating in the*
18 *program are enrolled in public insurance pro-*
19 *grams for which the individuals are eligible or*
20 *know of private insurance programs where avail-*
21 *able;*

22 “(H) presents a plan for leveraging other
23 *sources of revenue, which may include State and*
24 *local sources and private grant funds, and inte-*
25 *grating current and proposed new funding*

1 *sources in a way to assure long-term sustain-*
 2 *ability of the program;*

3 *“(I) describes a plan for evaluation of the*
 4 *activities carried out under the grant, including*
 5 *measurement of progress toward the goals and*
 6 *objectives of the program and the use of evalua-*
 7 *tion findings to improve program performance;*

8 *“(J) demonstrates fiscal responsibility*
 9 *through the use of appropriate accounting proce-*
 10 *dures and appropriate management systems;*

11 *“(K) demonstrates the consortium’s commit-*
 12 *ment to serve the community without regard to*
 13 *the ability of an individual or family to pay by*
 14 *arranging for or providing free or reduced*
 15 *charge care for the poor; and*

16 *“(L) includes such other information as the*
 17 *Secretary may prescribe.*

18 *“(c) LIMITATIONS.—*

19 *“(1) NUMBER OF AWARDS.—*

20 *“(A) IN GENERAL.—For each of fiscal years*
 21 *2003, 2004, 2005, and 2006, the Secretary may*
 22 *not make more than 35 new awards under sub-*
 23 *section (a) (excluding renewals of such awards).*

1 “(B) *RULE OF CONSTRUCTION.*—*This para-*
 2 *graph shall not be construed to affect awards*
 3 *made before fiscal year 2003.*

4 “(2) *IN GENERAL.*—*An eligible entity may not*
 5 *receive a grant under this section (including with re-*
 6 *spect to any such grant made before fiscal year 2003)*
 7 *for more than 3 consecutive fiscal years, except that*
 8 *such entity may receive such a grant award for not*
 9 *more than 1 additional fiscal year if—*

10 “(A) *the eligible entity submits to the Sec-*
 11 *retary a request for a grant for such an addi-*
 12 *tional fiscal year;*

13 “(B) *the Secretary determines that extraor-*
 14 *dinary circumstances (as defined in paragraph*
 15 *(3)) justify the granting of such request; and*

16 “(C) *the Secretary determines that granting*
 17 *such request is necessary to further the objectives*
 18 *described in subsection (a).*

19 “(3) *EXTRAORDINARY CIRCUMSTANCES.*—

20 “(A) *IN GENERAL.*—*In paragraph (2), the*
 21 *term ‘extraordinary circumstances’ means an*
 22 *event (or events) that is outside of the control of*
 23 *the eligible entity that has prevented the eligible*
 24 *entity from fulfilling the objectives described by*

1 *such entity in the application submitted under*
 2 *subsection (b)(2).*

3 “(B) *EXAMPLES.—Extraordinary cir-*
 4 *cumstances include—*

5 “(i) *natural disasters or other major*
 6 *disruptions to the security or health of the*
 7 *community or geographic area served by the*
 8 *eligible entity; or*

9 “(ii) *a significant economic deteriora-*
 10 *tion in the community or geographic area*
 11 *served by such eligible entity, that directly*
 12 *and adversely affects the entity receiving an*
 13 *award under subsection (a).*

14 “(d) *PRIORITIES.—In awarding grants under this sec-*
 15 *tion, the Secretary—*

16 “(1) *shall accord priority to applicants that*
 17 *demonstrate the extent of unmet need in the commu-*
 18 *nity involved for a more coordinated system of care;*
 19 *and*

20 “(2) *may accord priority to applicants that best*
 21 *promote the objectives of this section, taking into con-*
 22 *sideration the extent to which the application*
 23 *involved—*

1 “(A) identifies a community whose geo-
2 graphical area has a high or increasing percent-
3 age of individuals who are uninsured;

4 “(B) demonstrates that the applicant has
5 included in its consortium providers, support
6 systems, and programs that have a tradition of
7 serving uninsured individuals and underinsured
8 individuals in the community;

9 “(C) shows evidence that the program would
10 expand utilization of preventive and primary
11 care services for uninsured and underinsured in-
12 dividuals and families in the community, in-
13 cluding behavioral and mental health services,
14 oral health services, or substance abuse services;

15 “(D) proposes a program that would im-
16 prove coordination between health care providers
17 and appropriate social service providers;

18 “(E) demonstrates collaboration with State
19 and local governments;

20 “(F) demonstrates that the applicant makes
21 use of non-Federal contributions to the greatest
22 extent possible; or

23 “(G) demonstrates a likelihood that the pro-
24 posed program will continue after support under
25 this section ceases.

1 “(e) *USE OF FUNDS.*—

2 “(1) *USE BY GRANTEES.*—

3 “(A) *IN GENERAL.*—*Except as provided in*
 4 *paragraphs (2) and (3), a grantee may use*
 5 *amounts provided under this section only for—*

6 “(i) *direct expenses associated with*
 7 *achieving the greater integration of a health*
 8 *care delivery system so that the system ei-*
 9 *ther directly provides or ensures the provi-*
 10 *sion of a broad range of culturally com-*
 11 *petent services, as appropriate, including*
 12 *primary, secondary, and tertiary services,*
 13 *as well as substance abuse treatment and*
 14 *mental health services; and*

15 “(ii) *direct patient care and service ex-*
 16 *pansions to fill identified or documented*
 17 *gaps within an integrated delivery system.*

18 “(B) *SPECIFIC USES.*—*The following are*
 19 *examples of purposes for which a grantee may*
 20 *use grant funds under this section, when such*
 21 *use meets the conditions stated in subparagraph*
 22 *(A):*

23 “(i) *Increases in outreach activities*
 24 *and closing gaps in health care service.*

1 “(ii) *Improvements to case manage-*
2 *ment.*

3 “(iii) *Improvements to coordination of*
4 *transportation to health care facilities.*

5 “(iv) *Development of provider networks*
6 *and other innovative models to engage phy-*
7 *sicians in voluntary efforts to serve the*
8 *medically underserved within a community.*

9 “(v) *Recruitment, training, and com-*
10 *pensation of necessary personnel.*

11 “(vi) *Acquisition of technology for the*
12 *purpose of coordinating care.*

13 “(vii) *Improvements to provider com-*
14 *munication, including implementation of*
15 *shared information systems or shared clin-*
16 *ical systems.*

17 “(viii) *Development of common proc-*
18 *esses for determining eligibility for the pro-*
19 *grams provided through the system, includ-*
20 *ing creating common identification cards*
21 *and single sliding scale discounts.*

22 “(ix) *Development of specific preven-*
23 *tion and disease management tools and*
24 *processes.*

25 “(x) *Translation services.*

1 “(xi) *Carrying out other activities that*
2 *may be appropriate to a community and*
3 *that would increase access by the uninsured*
4 *to health care, such as access initiatives for*
5 *which private entities provide non-Federal*
6 *contributions to supplement the Federal*
7 *funds provided through the grants for the*
8 *initiatives.*

9 “(2) *DIRECT PATIENT CARE LIMITATION.—Not*
10 *more than 15 percent of the funds provided under a*
11 *grant awarded under this section may be used for*
12 *providing direct patient care and services.*

13 “(3) *RESERVATION OF FUNDS FOR NATIONAL*
14 *PROGRAM PURPOSES.—The Secretary may use not*
15 *more than 3 percent of funds appropriated to carry*
16 *out this section for providing technical assistance to*
17 *grantees, obtaining assistance of experts and consult-*
18 *ants, holding meetings, developing of tools, dissemi-*
19 *nating of information, evaluation, and carrying out*
20 *activities that will extend the benefits of programs*
21 *funded under this section to communities other than*
22 *the community served by the program funded.*

23 “(f) *GRANTEE REQUIREMENTS.—*

24 “(1) *EVALUATION OF EFFECTIVENESS.—A grant-*
25 *ee under this section shall—*

1 “(A) report to the Secretary annually
2 regarding—

3 “(i) progress in meeting the goals and
4 measurable objectives set forth in the grant
5 application submitted by the grantee under
6 subsection (b); and

7 “(ii) the extent to which activities con-
8 ducted by such grantee have—

9 “(I) improved the effectiveness, ef-
10 ficiency, and coordination of services
11 for uninsured and underinsured indi-
12 viduals in the communities or geo-
13 graphic areas served by such grantee;

14 “(II) resulted in the provision of
15 better quality health care for such indi-
16 viduals; and

17 “(III) resulted in the provision of
18 health care to such individuals at
19 lower cost than would have been pos-
20 sible in the absence of the activities
21 conducted by such grantee; and

22 “(B) provide for an independent annual fi-
23 nancial audit of all records that relate to the dis-
24 position of funds received through the grant.

1 “(2) *PROGRESS.*—*The Secretary may not renew*
2 *an annual grant under this section for an entity for*
3 *a fiscal year unless the Secretary is satisfied that the*
4 *consortium represented by the entity has made rea-*
5 *sonable and demonstrable progress in meeting the*
6 *goals and measurable objectives set forth in the enti-*
7 *ty’s grant application for the preceding fiscal year.*

8 “(g) *MAINTENANCE OF EFFORT.*—*With respect to ac-*
9 *tivities for which a grant under this section is authorized,*
10 *the Secretary may award such a grant only if the applicant*
11 *for the grant, and each of the participating providers, agree*
12 *that the grantee and each such provider will maintain its*
13 *expenditures of non-Federal funds for such activities at a*
14 *level that is not less than the level of such expenditures dur-*
15 *ing the fiscal year immediately preceding the fiscal year*
16 *for which the applicant is applying to receive such grant.*

17 “(h) *TECHNICAL ASSISTANCE.*—*The Secretary may,*
18 *either directly or by grant or contract, provide any entity*
19 *that receives a grant under this section with technical and*
20 *other nonfinancial assistance necessary to meet the require-*
21 *ments of this section.*

22 “(i) *EVALUATION OF PROGRAM.*—*Not later than Sep-*
23 *tember 30, 2005, the Secretary shall prepare and submit*
24 *to the appropriate committees of Congress a report that de-*
25 *scribes the extent to which projects funded under this section*

1 *have been successful in improving the effectiveness, effi-*
 2 *ciency, and coordination of services for uninsured and*
 3 *underinsured individuals in the communities or geographic*
 4 *areas served by such projects, including whether the projects*
 5 *resulted in the provision of better quality health care for*
 6 *such individuals, and whether such care was provided at*
 7 *lower costs, than would have been provided in the absence*
 8 *of such projects.*

9 “(j) *DEMONSTRATION AUTHORITY.*—*The Secretary*
 10 *may make demonstration awards under this section to his-*
 11 *torically black health professions schools for the purposes*
 12 *of—*

13 “(1) *developing patient-based research infra-*
 14 *structure at historically black health professions*
 15 *schools, which have an affiliation, or affiliations, with*
 16 *any of the providers identified in section (b)(1)(B);*

17 “(2) *establishment of joint and collaborative pro-*
 18 *grams of medical research and data collection between*
 19 *historically black health professions schools and such*
 20 *providers, whose goal is to improve the health status*
 21 *of medically underserved populations; or*

22 “(3) *supporting the research-related costs of pa-*
 23 *tient care, data collection, and academic training re-*
 24 *sulting from such affiliations.*

1 “(k) *AUTHORIZATION OF APPROPRIATIONS.*—*There*
 2 *are authorized to be appropriated to carry out this section*
 3 *such sums as may be necessary for each of fiscal years 2002*
 4 *through 2006.*

5 “(l) *DATE CERTAIN FOR TERMINATION OF PRO-*
 6 *GRAM.*—*Funds may not be appropriated to carry out this*
 7 *section after September 30, 2006.”.*

8 **SEC. 403. EXPANDING AVAILABILITY OF DENTAL SERVICES.**

9 *Part D of title III of the Public Health Service Act*
 10 *(42 U.S.C. 254b et seq.) is amended by adding at the end*
 11 *the following:*

12 **“Subpart X—Primary Dental Programs**

13 **“SEC. 340F. DESIGNATED DENTAL HEALTH PROFESSIONAL**
 14 **SHORTAGE AREA.**

15 *“In this subpart, the term ‘designated dental health*
 16 *professional shortage area’ means an area, population*
 17 *group, or facility that is designated by the Secretary as a*
 18 *dental health professional shortage area under section 332*
 19 *or designated by the applicable State as having a dental*
 20 *health professional shortage.*

21 **“SEC. 340G. GRANTS FOR INNOVATIVE PROGRAMS.**

22 *“(a) GRANT PROGRAM AUTHORIZED.*—*The Secretary,*
 23 *acting through the Administrator of the Health Resources*
 24 *and Services Administration, is authorized to award grants*
 25 *to States for the purpose of helping States develop and im-*

1 *plement innovative programs to address the dental work-*
 2 *force needs of designated dental health professional shortage*
 3 *areas in a manner that is appropriate to the States' indi-*
 4 *vidual needs.*

5 “(b) *STATE ACTIVITIES.*—*A State receiving a grant*
 6 *under subsection (a) may use funds received under the*
 7 *grant for—*

8 “(1) *loan forgiveness and repayment programs*
 9 *for dentists who—*

10 “(A) *agree to practice in designated dental*
 11 *health professional shortage areas;*

12 “(B) *are dental school graduates who agree*
 13 *to serve as public health dentists for the Federal,*
 14 *State, or local government; and*

15 “(C) *agree to—*

16 “(i) *provide services to patients regard-*
 17 *less of such patients' ability to pay; and*

18 “(ii) *use a sliding payment scale for*
 19 *patients who are unable to pay the total*
 20 *cost of services;*

21 “(2) *dental recruitment and retention efforts;*

22 “(3) *grants and low-interest or no-interest loans*
 23 *to help dentists who participate in the medicaid pro-*
 24 *gram under title XIX of the Social Security Act (42*
 25 *U.S.C. 1396 et seq.) to establish or expand practices*

1 *in designated dental health professional shortage*
2 *areas by equipping dental offices or sharing in the*
3 *overhead costs of such practices;*

4 “(4) *the establishment or expansion of dental*
5 *residency programs in coordination with accredited*
6 *dental training institutions in States without dental*
7 *schools;*

8 “(5) *programs developed in consultation with*
9 *State and local dental societies to expand or establish*
10 *oral health services and facilities in designated dental*
11 *health professional shortage areas, including services*
12 *and facilities for children with special needs, such*
13 *as—*

14 “(A) *the expansion or establishment of a*
15 *community-based dental facility, free-standing*
16 *dental clinic, consolidated health center dental*
17 *facility, school-linked dental facility, or United*
18 *States dental school-based facility;*

19 “(B) *the establishment of a mobile or port-*
20 *able dental clinic; and*

21 “(C) *the establishment or expansion of pri-*
22 *vate dental services to enhance capacity through*
23 *additional equipment or additional hours of op-*
24 *eration;*

1 “(6) *placement and support of dental students,*
2 *dental residents, and advanced dentistry trainees;*

3 “(7) *continuing dental education, including dis-*
4 *tance-based education;*

5 “(8) *practice support through teledentistry con-*
6 *ducted in accordance with State laws;*

7 “(9) *community-based prevention services such*
8 *as water fluoridation and dental sealant programs;*

9 “(10) *coordination with local educational agen-*
10 *cies within the State to foster programs that promote*
11 *children going into oral health or science professions;*

12 “(11) *the establishment of faculty recruitment*
13 *programs at accredited dental training institutions*
14 *whose mission includes community outreach and serv-*
15 *ice and that have a demonstrated record of serving*
16 *underserved States;*

17 “(12) *the development of a State dental officer*
18 *position or the augmentation of a State dental office*
19 *to coordinate oral health and access issues in the*
20 *State; and*

21 “(13) *any other activities determined to be ap-*
22 *propriate by the Secretary.*

23 “(c) *APPLICATION.—*

24 “(1) *IN GENERAL.—Each State desiring a grant*
25 *under this section shall submit an application to the*

1 *Secretary at such time, in such manner, and con-*
2 *taining such information as the Secretary may rea-*
3 *sonably require.*

4 “(2) *ASSURANCES.*—*The application shall in-*
5 *clude assurances that the State will meet the require-*
6 *ments of subsection (d) and that the State possesses*
7 *sufficient infrastructure to manage the activities to be*
8 *funded through the grant and to evaluate and report*
9 *on the outcomes resulting from such activities.*

10 “(d) *MATCHING REQUIREMENT.*—*The Secretary may*
11 *not make a grant to a State under this section unless that*
12 *State agrees that, with respect to the costs to be incurred*
13 *by the State in carrying out the activities for which the*
14 *grant was awarded, the State will provide non-Federal con-*
15 *tributions in an amount equal to not less than 40 percent*
16 *of Federal funds provided under the grant. The State may*
17 *provide the contributions in cash or in kind, fairly evalu-*
18 *ated, including plant, equipment, and services and may*
19 *provide the contributions from State, local, or private*
20 *sources.*

21 “(e) *REPORT.*—*Not later than 5 years after the date*
22 *of enactment of the Health Care Safety Net Amendments*
23 *of 2002, the Secretary shall prepare and submit to the ap-*
24 *propriate committees of Congress a report containing data*
25 *relating to whether grants provided under this section have*

1 *increased access to dental services in designated dental*
 2 *health professional shortage areas.*

3 “(f) *AUTHORIZATION OF APPROPRIATIONS.—There is*
 4 *authorized to be appropriated to carry out this section,*
 5 *\$50,000,000 for the 5-fiscal year period beginning with fis-*
 6 *cal year 2002.”.*

7 ***SEC. 404. STUDY REGARDING BARRIERS TO PARTICIPATION***
 8 ***OF FARMWORKERS IN HEALTH PROGRAMS.***

9 (a) *IN GENERAL.—The Secretary shall conduct a*
 10 *study of the problems experienced by farmworkers (includ-*
 11 *ing their families) under Medicaid and SCHIP. Specifi-*
 12 *cally, the Secretary shall examine the following:*

13 (1) *BARRIERS TO ENROLLMENT.—Barriers to*
 14 *their enrollment, including a lack of outreach and*
 15 *outstationed eligibility workers, complicated applica-*
 16 *tions and eligibility determination procedures, and*
 17 *linguistic and cultural barriers.*

18 (2) *LACK OF PORTABILITY.—The lack of port-*
 19 *ability of Medicaid and SCHIP coverage for farm-*
 20 *workers who are determined eligible in one State but*
 21 *who move to other States on a seasonal or other peri-*
 22 *odic basis.*

23 (3) *POSSIBLE SOLUTIONS.—The development of*
 24 *possible solutions to increase enrollment and access to*
 25 *benefits for farmworkers, because, in part, of the prob-*

1 *lems identified in paragraphs (1) and (2), and the as-*
 2 *sociated costs of each of the possible solution described*
 3 *in subsection (b).*

4 *(b) POSSIBLE SOLUTIONS.—Possible solutions to be ex-*
 5 *amined shall include each of the following:*

6 *(1) INTERSTATE COMPACTS.—The use of inter-*
 7 *state compacts among States that establish portability*
 8 *and reciprocity for eligibility for farmworkers under*
 9 *the Medicaid and SCHIP and potential financial in-*
 10 *centives for States to enter into such compacts.*

11 *(2) DEMONSTRATION PROJECTS.—The use of*
 12 *multi-state demonstration waiver projects under sec-*
 13 *tion 1115 of the Social Security Act (42 U.S.C. 1315)*
 14 *to develop comprehensive migrant coverage dem-*
 15 *onstration projects.*

16 *(3) USE OF CURRENT LAW FLEXIBILITY.—Use of*
 17 *current law Medicaid and SCHIP State plan provi-*
 18 *sions relating to coverage of residents and out-of-State*
 19 *coverage.*

20 *(4) NATIONAL MIGRANT FAMILY COVERAGE.—The*
 21 *development of programs of national migrant family*
 22 *coverage in which States could participate.*

23 *(5) PUBLIC-PRIVATE PARTNERSHIPS.—The pro-*
 24 *vision of incentives for development of public-private*

1 *partnerships to develop private coverage alternatives*
 2 *for farmworkers.*

3 (6) *OTHER POSSIBLE SOLUTIONS.—Such other*
 4 *solutions as the Secretary deems appropriate.*

5 (c) *CONSULTATIONS.—In conducting the study, the*
 6 *Secretary shall consult with the following:*

7 (1) *Farmworkers affected by the lack of port-*
 8 *ability of coverage under the Medicaid program or the*
 9 *State children's health insurance program (under ti-*
 10 *ties XIX and XXI of the Social Security Act).*

11 (2) *Individuals with expertise in providing*
 12 *health care to farmworkers, including designees of na-*
 13 *tional and local organizations representing migrant*
 14 *health centers and other providers.*

15 (3) *Resources with expertise in health care fi-*
 16 *nancing.*

17 (4) *Representatives of foundations and other*
 18 *nonprofit entities that have conducted or supported*
 19 *research on farmworker health care financial issues.*

20 (5) *Representatives of Federal agencies which are*
 21 *involved in the provision or financing of health care*
 22 *to farmworkers, including the Health Care Financing*
 23 *Administration and the Health Research and Services*
 24 *Administration.*

25 (6) *Representatives of State governments.*

1 (7) *Representatives from the farm and agricul-*
2 *tural industries.*

3 (8) *Designees of labor organizations representing*
4 *farmworkers.*

5 (d) *DEFINITIONS.—For purposes of this section:*

6 (1) *FARMWORKER.—The term “farmworker”*
7 *means a migratory agricultural worker or seasonal*
8 *agricultural worker, as such terms are defined in sec-*
9 *tion 330(g)(3) of the Public Health Service Act (42*
10 *U.S.C. 254c(g)(3)), and includes a family member of*
11 *such a worker.*

12 (2) *MEDICAID.—The term “Medicaid” means the*
13 *program under title XIX of the Social Security Act.*

14 (3) *SCHIP.—The term “SCHIP” means the*
15 *State children’s health insurance program under title*
16 *XXI of the Social Security Act.*

17 (e) *REPORT.—Not later than one year after the date*
18 *of the enactment of this Act, the Secretary shall transmit*
19 *a report to the President and the Congress on the study*
20 *conducted under this section. The report shall contain a de-*
21 *tailed statement of findings and conclusions of the study,*
22 *together with its recommendations for such legislation and*
23 *administrative actions as the Secretary considers appro-*
24 *priate.*

1 **TITLE V—STUDY AND**
 2 **MISCELLANEOUS PROVISIONS**

3 **SEC. 501. GUARANTEE STUDY.**

4 *The Secretary of Health and Human Services shall*
 5 *conduct a study regarding the ability of the Department*
 6 *of Health and Human Services to provide for solvency for*
 7 *managed care networks involving health centers receiving*
 8 *funding under section 330 of the Public Health Service Act.*
 9 *The Secretary shall prepare and submit a report to the ap-*
 10 *propriate Committees of Congress regarding such ability*
 11 *not later than 2 years after the date of enactment of the*
 12 *Health Care Safety Net Amendments of 2002.*

13 **SEC. 502. GRADUATE MEDICAL EDUCATION.**

14 *Section 762(k) of the Public Health Service Act (42*
 15 *U.S.C. 294o(k)) is amended by striking “2002” and insert-*
 16 *ing “2003”.*

17 **TITLE VI—CONFORMING**
 18 **AMENDMENTS**

19 **SEC. 601. CONFORMING AMENDMENTS.**

20 (a) **HOMELESS PROGRAMS.**—*Subsections*
 21 *(g)(1)(G)(ii), (k)(2), and (n)(1)(C) of section 224, and sec-*
 22 *tions 317A(a)(2), 317E(c), 318A(e), 332(a)(2)(C),*
 23 *340D(c)(5), 799B(6)(B), 1313, and 2652(2) of the Public*
 24 *Health Service Act (42 U.S.C. 233, 247b–1(a)(2), 247b–*
 25 *6(c), 247c–1(e), 254e(a)(2)(C), 256d(c)(5), 295p(6)(B),*

1 300e-12, and 300ff-52(2)) are amended by striking “340”
2 and inserting “330(h)”.

3 (b) *HOMELESS INDIVIDUAL*.—Section 534(2) of the
4 *Public Health Service Act* (42 U.S.C. 290cc-34(2)) is
5 amended by striking “340(r)” and inserting “330(h)(5)”.

Attest:

Clerk.